



YALLOURN
GOLF CLUB
Gippsland's Finest

GOLF LINKS RD, YALLOURN HEIGHTS
P.O BOX 42, NEWBOROUGH, 3825

CLUBHOUSE PH: (03) 5127 6962

WWW.YALLOURNGOLFCLUB.COM.AU
YGC@YALLOURNGOLFCLUB.COM.AU

CELL MEMBERSHIP APPLICATION

Thank you for your interest in the Yallourn Golf Club. Cell Memberships represent fantastic value by offering you significant savings on your fees if you introduce just one or more people at the same time you renew/join. Even better? They last for 3 years, providing everyone stays on, offering long-term fantastic value golf not found anywhere else. To apply, please fill in this form and return it to the Clubhouse, along with \$40 application fee to be deducted from full fee if accepted.

CELL CATEGORY 2019-20 (PLEASE TICK)

<input type="checkbox"/> Five Cell¹ Ord. (\$440) Pensioner ² (\$330) Country ³ (\$225)	<input type="checkbox"/> Four Cell¹ Ord. (\$550) Pensioner ² (\$410) Country ³ (\$280)	<input type="checkbox"/> Three Cell¹ Ord. (\$620) Pensioner ² (\$465) Country ³ (\$315)	<input type="checkbox"/> Two Cell¹ Ord. (\$695) Pensioner ² (\$520) Country ³ (\$350)
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TERMS

- 1: Cells can be made up of any combination of Ordinary, Pensioner or Country category, and each individual pays their corresponding price. Each cell can only contain a maximum of one (1) existing member
- 2: Pensioner membership is available to all persons over the age of 65 upon presentation of a valid pension card
- 3: Country are open to all persons who live in a town where its Post Office is >30km from the Yallourn Golf Club Clubhouse

CELL MEMBERS

Cell Captain: **Member 2:**
Member 3: **Member 4:**
Member 5: **Date of Application:** / /

CONTACT DETAILS: CELL CAPTAIN (Ordinary Pensioner Country)

Mr Mrs Miss Ms Other (specify) Date of Birth / /

First Name Surname

Address

Postcode Phone Number (H) (M)

If you would like to receive emails of news and upcoming events at the Club, please provide your

Email Address:

Emergency Contact: Name: **Phone Number:**

DECLARATION

I, the applicant whose details appear above, desire to form a cell at the Yallourn Golf Club Inc. I agree to accept the Committee decision in respect of this application and request that my cell members' names be entered on the Membership Registry.

Proposer Name Signature Date / /

Seconder Name Signature Date / /

SIGNATURE OF CELL CAPTAIN Date / /



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CONTACT DETAILS: MEMBER 2 (Ordinary Pensioner Country)

Mr Mrs Miss Ms Other (specify) Date of Birth / /

First Name Surname

Address

Postcode Phone Number (H) (M)

If you would like to receive emails of news and upcoming events at the Club, please provide your

Email Address:

Emergency Contact: Name: **Phone Number:**

DECLARATION

I, the applicant whose details appear above, desire to join a cell at the Yallourn Golf Club Inc. I agree to accept the Committee decision in respect of this application and request that my name be entered on the Membership Registry.

Proposer Name Signature Date / /

Seconder Name Signature Date / /

SIGNATURE OF MEMBER 2 Date / /

CONTACT DETAILS: MEMBER 3 (If Applicable) (Ordinary Pensioner Country)

Mr Mrs Miss Ms Other (specify) Date of Birth / /

First Name Surname

Address

Postcode Phone Number (H) (M)

If you would like to receive emails of news and upcoming events at the Club, please provide your

Email Address:

Emergency Contact: Name: **Phone Number:**

DECLARATION

I, the applicant whose details appear above, desire to join a cell at the Yallourn Golf Club Inc. I agree to accept the Committee decision in respect of this application and request that my name be entered on the Membership Registry.

Proposer Name Signature Date / /

Seconder Name Signature Date / /

SIGNATURE OF MEMBER 3 Date / /



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CONTACT DETAILS: MEMBER 4 (If Applicable) (Ordinary Pensioner Country)

Mr Mrs Miss Ms Other (specify) Date of Birth / /

First Name Surname

Address

Postcode Phone Number (H) (M)

If you would like to receive emails of news and upcoming events at the Club, please provide your

Email Address:

Emergency Contact: Name: **Phone Number:**

DECLARATION

I, the applicant whose details appear above, desire to join a cell at the Yallourn Golf Club Inc. I agree to accept the Committee decision in respect of this application and request that my name be entered on the Membership Registry.

Proposer Name Signature Date / /

Seconder Name Signature Date / /

SIGNATURE OF MEMBER 4 Date / /

CONTACT DETAILS: MEMBER 5 (If Applicable) (Ordinary Pensioner Country)

Mr Mrs Miss Ms Other (specify) Date of Birth / /

First Name Surname

Address

Postcode Phone Number (H) (M)

If you would like to receive emails of news and upcoming events at the Club, please provide your

Email Address:

Emergency Contact: Name: **Phone Number:**

DECLARATION

I, the applicant whose details appear above, desire to join a cell at the Yallourn Golf Club Inc. I agree to accept the Committee decision in respect of this application and request that my name be entered on the Membership Registry.

Proposer Name Signature Date / /

Seconder Name Signature Date / /

SIGNATURE OF MEMBER 5 Date / /



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OFFICE USE ONLY

Cell Captain

Application Fee \$..... Receipt No. Date / /

Membership Fee \$..... Receipt No. Date / /

Committee Approval YES Details Entered YES Golf Link Number

Cell Member 2

Application Fee \$..... Receipt No. Date / /

Membership Fee \$..... Receipt No. Date / /

Committee Approval YES Details Entered YES Golf Link Number

Cell Member 3 (if applicable)

Application Fee \$..... Receipt No. Date / /

Membership Fee \$..... Receipt No. Date / /

Committee Approval YES Details Entered YES Golf Link Number

Cell Member 4 (if applicable)

Application Fee \$..... Receipt No. Date / /

Membership Fee \$..... Receipt No. Date / /

Committee Approval YES Details Entered YES Golf Link Number

Cell Member 5 (if applicable)

Application Fee \$..... Receipt No. Date / /

Membership Fee \$..... Receipt No. Date / /

Committee Approval YES Details Entered YES Golf Link Number
