



APPLICATION FOR MEMBERSHIP

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

Thank you for your interest in the Yallourn Golf Club. To apply for membership, please fill in this form and return it to the Clubhouse, along with a \$40 application fee to be deducted from full fee if accepted

CONTACT DETAILS

Mr Mrs Miss Ms Other (specify)

First Name Surname

Address

.....Postcode

Date of Birth / / Occupation

Phone Number (H) (M)

Previous Club (if applicable) Handicap

Golf Link Number (if applicable)

MEMBERSHIP CATEGORY (2019-20)

- Ordinary \$730
- Pensioner¹ \$545
- Unlimited Green Fees⁴ \$420
- Country² \$370
- Half Year \$370
- 9 Hole⁴ \$320
- Student (21-25)³ \$240
- Junior (under 21)⁴ FREE
- (Add handicap) \$40
- Social (non-play)⁴ \$20

Emergency Contact: Name **Phone Number**

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

Email Address

How did you hear about us? Television Radio Newspaper Internet

Other.....

TERMS

- 1: Pensioner membership is available to all persons over the age of 65 upon presentation of a valid pension card
- 2: Country membership is available to all persons who live in a town where its Post Office is >30km from the Yallourn Golf Club Clubhouse
- 3: Student membership is available to persons between the age of 21-25 who produce a valid, full-time student card at the time of application
- 4: These memberships do not include a golf handicap. A handicap can be added to Junior Memberships for \$40

DECLARATION

I, the applicant whose details appear above, desire to join 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 APPLICANT Date / /

OFFICE USE ONLY

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

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

Committee Approval YES Details Entered YES Golf Link Number