



YALLOURN GOLF CLUB

APPLICATION FOR JUNIORS MEMBERSHIP 2020/21

YALLOURN
GOLF CLUB
Gippsland's Finest

GOLF LINKS ROAD, YALLOURN HEIGHTS, PO BOX 42 NEWBOROUGH 3825
51276962 ygc@yallournclub.com.au WWW.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**

- JUNIOR CLASS A (UNDER 18) \$140 MEMERSHIP AND FITTED JUNIOR CLUBS, 5 LESSONS, NO GA HANDICAP
- JUNIOR CLASS B (UNDER 18) \$50 MEMERSHIP AND 5 LESSONS, NO GA HANDICAP
- JUNIOR CLASS C (UNDER 18 - 20) \$150 OR \$15 PER MONTH MEMERSHIP AND 5 LESSONS, NO GA HANDICAP
- ADD HANDICAP \$50

CONTACT DETAILS

First Name Surname

Address

..... Postcode

Date of Birth / / Occupation

Phone Number (H) (M)

Previous Club (if applicable) Handicap

Golf Link Number (if applicable)

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.....

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 / /

SIGNATURE OF GUARANTOR Date / /

OFFICE USE ONLY

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

Committee Approval YES Details Entered YES Golf Link Number