



# 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 .....