



# YALLOURN GOLF CLUB

## FAMILY MEMBERSHIP 2020/21

GOLF LINKS ROAD, YALLOURN HEIGHTS, PO BOX 42 NEWBOROUGH 3825  
51276962 ygc@yallourngolfclub.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 \$40 application fee to be deducted from the full fee if accepted.

### MEMBERSHIP CATEGORY

### \$1200 Family membership

PARTNER : FIRST NAME ..... SURNAME .....  
ADDRESS ..... POSTCODE .....  
DATE OF BIRTH ..... / ..... / ..... PHONE NUMBER .....  
EMAIL ADDRESS .....

EMERGENCY CONTACT: NAME .....  
PHONE NUMBER .....

PARTNER : FIRST NAME ..... SURNAME .....  
DATE OF BIRTH ..... / ..... / ..... PHONE NUMBER .....

GOLF LINKS NO. ....  
GOLF LINKS NO. ....

CHILD NAME: .....  
D.O.B.....

CHILD NAME: .....  
D.O.B.....

CHILD NAME: .....  
D.O.B.....

CHILD NAME: .....  
D.O.B.....

### 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 .....