



# YALLOURN GOLF CLUB

## FAMILY MEMBERSHIP 2021/22

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

## \$1290 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 .....  
D.O.B .....

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

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

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