



CELL MEMBERSHIP APPLICATION 2023/24

YALLOURN
GOLF CLUB
Gippsland's Finest

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. Cell Memberships represent fantastic value by offering you significant savings on your fees if you introduce just one or more people at the same time you renew/join. Even better? They last for 3 years, providing everyone stays on, offering long-term fantastic value golf not found anywhere else.

To apply, please fill in this form and return it to the Clubhouse, along with \$40 application fee to be deducted from full fee if accepted.

CELL CATEGORY 2023-24 (PLEASE TICK)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Five Cell
Ord. (\$510)
Pensioner2 (\$380)
Country3 (\$205) | <input type="checkbox"/> Four Cell
Ord. (\$640)
Pensioner2 (\$480)
Country3 (\$265) | <input type="checkbox"/> Three Cell
Ord. (\$725)
Pensioner2 (\$540)
Country3 (\$295) | <input type="checkbox"/> Two Cell
Ord. (\$805)
Pensioner2 (\$595)
Country3 (\$325) |
|---|---|--|--|

TERMS

1: Cells can be made up of any combination of Ordinary, Pensioner or Country category, and each individual pays their corresponding price. Each cell can only contain a maximum of one (1) existing member

2: Pensioner membership is available to all persons over the age of 65 upon presentation of a valid pension card

3: Country memberships are open to all persons who live in a town where its Post Office is >30km from the Yallourn Golf Club Clubhouse

CELL MEMBERS

Cell Captain: Member 2
 Member 3: Member 4:.....
 Member 5: Date of application.. / /

CONTACT DETAILS: CELL CAPTAIN (ORDINARY PENSIONER COUNTRY)

Mr Mrs Miss Ms Other (specify).....
 Date of Birth / / Golflink#(if applicable).....
 First Name Surname.....
 Address.....
 Postcode Phone Number (H)..... (M).....
 If you would like to receive emails of news and upcoming events at the Club,
 Please provide your Email Address.....
 Emergency Contact: Name: Phone Number:

DECLARATION

I, the applicant whose details appear above, desire to form a cell at the Yallourn Golf Club Inc. I agree to accept the Committee decision in respect of this application and request that my cell members' names be entered on the Membership Registry.

Proposer Name Signature Date / /
 Seconder Name Signature Date / /

SIGNATURE OF CELL CAPTAIN..... DATE..... / /



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CONTACT DETAILS: MEMBER 2 (ORDINARY PENSIONER COUNTRY)

Mr Mrs Miss Ms Other (specify)
Date of Birth / / Golflink#(if applicable).....
First Name Surname
Address
Postcode Phone Number (H) (M)
If you would like to receive emails of news and upcoming events at the Club,
Please provide your Email Address
Emergency Contact: Name: Phone Number:

DECLARATION

I, the applicant whose details appear above, desire to form a cell at the Yallourn Golf Club Inc. I agree to accept the Committee decision in respect of this application and request that my cell members' names be entered on the Membership Registry.

Proposer Name Signature Date / /
Seconder Name Signature Date / /

SIGNATURE OF MEMBER 2 **DATE** / /

CONTACT DETAILS: MEMBER 3(IF APPLICABLE)(ORDINARY PENSIONER COUNTRY)

Mr Mrs Miss Ms Other (specify)
Date of Birth / / Golflink#(if applicable).....
First Name Surname
Address
Postcode Phone Number (H) (M)
If you would like to receive emails of news and upcoming events at the Club,
Please provide your Email Address
Emergency Contact: Name: Phone Number:

DECLARATION

I, the applicant whose details appear above, desire to form a cell at the Yallourn Golf Club Inc. I agree to accept the Committee decision in respect of this application and request that my cell members' names be entered on the Membership Registry.

Proposer Name Signature Date / /
Seconder Name Signature Date / /

SIGNATURE OF MEMBER 3 **DATE** / /



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CONTACT DETAILS: MEMBER 4 (IF APPLICABLE) (ORDINARY PENSIONER COUNTRY)

Mr Mrs Miss Ms Other (specify).....
Date of Birth / / GolfLink#(if applicable).....
First Name Surname.....
Address.....
Postcode Phone Number (H)..... (M).....
If you would like to receive emails of news and upcoming events at the Club,
Please provide your Email Address.....
Emergency Contact: Name: Phone Number:

DECLARATION

I, the applicant whose details appear above, desire to form a cell at the Yallourn Golf Club Inc. I agree to accept the Committee decision in respect of this application and request that my cell members' names be entered on the Membership Registry.

Proposer Name Signature Date / /
Seconder Name Signature Date / /

SIGNATURE OF MEMBER 4 DATE..... / /.....

CONTACT DETAILS: MEMBER 5 (IF APPLICABLE) (ORDINARY PENSIONER COUNTRY)

Mr Mrs Miss Ms Other (specify).....
Date of Birth / / GolfLink#(if applicable).....
First Name Surname.....
Address.....
Postcode Phone Number (H)..... (M).....
If you would like to receive emails of news and upcoming events at the Club,
Please provide your Email Address.....
Emergency Contact: Name: Phone Number:

DECLARATION

I, the applicant whose details appear above, desire to form a cell at the Yallourn Golf Club Inc. I agree to accept the Committee decision in respect of this application and request that my cell members' names be entered on the Membership Registry.

Proposer Name Signature Date / /
Seconder Name Signature Date / /

SIGNATURE OF MEMBER 5 DATE..... / /.....



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OFFICE USE ONLY

CELL CAPTAIN

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

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

Committee Approval YES Details Entered YES Golf Link#

CELL MEMBER 2

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

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

Committee Approval YES Details Entered YES Golf Link#

CELL MEMBER 3

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

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

Committee Approval YES Details Entered YES Golf Link#

CELL MEMBER 4

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

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

Committee Approval YES Details Entered YES Golf Link#

CELL MEMBER 5

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

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

Committee Approval YES Details Entered YES Golf Link#