



YALLOURN GOLF CLUB

FAMILY MEMBERSHIP 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.

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

\$1395 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

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