



YALLOURN GOLF CLUB

APPLICATION FOR JUNIOR MEMBERSHIP 2025/26

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.

JUNIOR CLASS A (UNDER 18) \$65 - NO GA HANDICAP

JUNIOR CLASS B (18 - 20) \$160 - 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