

MEMBERSHIP 2020

Personal Details: * Required

For all membership rewards go to www.yarragolf.com.au

Title: Mr/Mrs/Ms/Miss

Membership period 01 March to 28 February

* Full Name: _____

* Residential Address: _____ State: _____ Post Code: _____

* Postal Address: (if different to above) _____

* Email: _____

* Telephone (AH): _____ (BH): _____

* Telephone (MOB): _____ *Date of Birth: (For annual birthday promotion) / / _____

Membership Category: Please tick a

| | Entrance fee: | Annual Subscription (Inclusive of Affiliation Fees) |
|--|-----------------------------------|--|
| Full Membership (includes golf affiliation fees) Available to residents within a 100km radius of the Yarrowonga Post Office. <ul style="list-style-type: none"> Complimentary access to golf courses, bowling and croquet facilities (competition bowls/croquet will require payment of appropriate affiliation fees) Full voting rights | \$130.00 <input type="checkbox"/> | \$358.00 <input type="checkbox"/> Optional Australian Golf Insurance \$13.00 <input type="checkbox"/> Bowls Affiliation \$75.00 <input type="checkbox"/> Croquet Affiliation \$72.00 <input type="checkbox"/> |
| Country/Corporate Membership (includes golf affiliation fees) <ul style="list-style-type: none"> Complimentary access to golf courses (except on Saturdays before 1pm when green fees apply), bowling and croquet facilities (competition bowls/croquet will require payment of appropriate affiliation fees) Limited voting rights | \$50.00 <input type="checkbox"/> | \$422.00 <input type="checkbox"/> |
| Intermediate Golf Membership (includes golf affiliation fees) **must pay Full Membership entrance fee upon becoming 21 years (see Note 7). Available to persons between 18 and U21 living within a 100km radius of the Yarrowonga Post Office. <ul style="list-style-type: none"> Complimentary access to golf courses, bowling and croquet facilities (competition bowls/croquet will require payment of appropriate affiliation fees) Full voting rights | N/A ** | (18-U21) \$153.00 <input type="checkbox"/> |
| Bowls / Croquet Membership (includes affiliation fees) <ul style="list-style-type: none"> Complimentary access to bowling greens and/or croquet lawns | \$15.00 <input type="checkbox"/> | Bowls \$134.00 <input type="checkbox"/> Croquet \$131.00 <input type="checkbox"/> |
| Junior Golf Membership (includes golf affiliation fees) Available to persons under 18. <ul style="list-style-type: none"> Complimentary access to sporting facilities Restricted access to the Clubhouse | N/A | (U18) \$43.00 <input type="checkbox"/> Optional Australian Golf Insurance \$13.00 <input type="checkbox"/> |
| Junior Bowls Membership Available to persons under 18, residing within a 100km radius of the Yarrowonga Post Office. <ul style="list-style-type: none"> Complimentary access to bowling facilities Restricted access to the Clubhouse | N/A | Junior \$48.00 <input type="checkbox"/> |

Note: The Affiliation Fee is paid to the relevant State Sporting Association and is subject to change at any time. The above membership fee includes GST. There are no pro-rata rates. Annual Driving Range options available, contact and pay directly with the Pro Shop.

Continued over

Correspondence:

With regard to the Club's Annual Report, which would you prefer **(required to tick one)**:

- Not to receive the annual report at all (an AGM notice will still be issued) **OR**
To receive the full annual report by email at the email address provided **OR**
To receive the full annual report by mail posted to the address provided.

Tick if you **DO NOT** wish to receive: the Club newsletter and promotional information by email, Or poker machine promotional material.

Application:

To the Board of Directors, Yarrawonga Mulwala Golf Club Resort:

I, _____, of _____ desire to

become a member of the Yarrawonga Mulwala Golf Club Resort and request you enter my name on the register of members accordingly. I agree to be bound by your constitution and by-laws made thereunder. I understand the membership entitlements and restrictions of my chosen membership type. I hereby certify that the information provided is true and correct.

Applicants Signature: _____ Date: ____/____/____

Nominated by: _____ Badge Number: _____ Date: ____/____/____

Signature: _____

Seconded by: _____ Badge Number: _____ Date: ____/____/____

Signature: _____

Note: All applicable membership and associated fees must accompany this form, as well as proof of I.D. and residential address (copy of D/L, electoral roll card or pension card). Nominators must be a full member of 12 months standing .

Application Notes:

1. Full and Intermediate membership nominees must reside within a 100km radius of the Yarrawonga Post Office and must be your principal place of residence. A photocopy of your proof of identification is required. (There is no 100km restriction for Junior membership).
2. All nominees for Full, Intermediate and Junior memberships must be nominated and seconded by two Full Members of at least 12 months standing.
3. The entrance fee, annual membership fee and any applicable affiliation fee must accompany this form.
4. The nominee will become a temporary member of the Club until the membership application has been approved by the Board of Directors at the next monthly Board meeting. New Full or Intermediate membership is conditional upon attending a new members induction meeting within 12 months of this application. Failure to do so may result in termination of membership.
5. Country Membership entitles members to 6 1/2 days of golfing privileges, which excludes Saturdays prior to 1.00pm. Members guest golf privileges do not apply.
6. Subscriptions are renewable from the 1st February each year, and must be paid by the last day of February, otherwise re-nomination may be necessary. There are no pro rata subscription rates.
7. Intermediate Golf Membership: Entrance fee N/A** but must pay entrance fee upon becoming a Full Member at next subscription renewal, not part way through the year.

Payment Options:

You can pay for your membership by cash, money order, cheque or credit card.

Visa Mastercard

Card Number

Expiry Date: ____/____/____ Amount: \$ _____

Full Name on Card: _____ Signature: _____

Office Use Only:

Date received: ____/____/____ Board Approval Date: ____/____/____

ID Type: _____ Photocopy attached:

Receipt No: _____ Amount Paid: \$ _____

Membership No: _____ Membership Card Photo Taken: