## **Social Membership Application Form**

Yarrawonga Mulwala Golf Club Resort PO Box 47, Mulwala, NSW 2647 | Tel: (03) 5744 1911 | Fax: (03) 5744 2556 E: stayandplay@yarragolf.com.au | www.yarragolf.com.au



Personal Details (*Required)			
Title: Mr / Mrs / Ms / Miss Membership period 01 July to 30 June			period 01 July to 30 June
Full Name*:			
Residential Address*:			
Suburb / Town*:	State*:	Post Co	ode*:
Postal Address (if different to above):			
Email*:			
Telephone* (H):	(W):	(M):	
Date of Birth*: (For annual birthday promotion):	.11		
Membership Category (Please tick selected ca	egory)		
Social Membership		Entrance Fee	Annual Subscription
For those who enjoy entertainment and the social	scene.	N/A	\$25.00
<ul> <li>Includes entry to members Cash Badge draws.</li> <li>Members pricing on beverage, food, shows and everage.</li> </ul>	ents.	Thi	ree-year option 🔲 \$60.00
<ul> <li>Swipe kiosk promotions.</li> <li>\$15 clubhouse points on your birthday.</li> </ul>			rec year option 🚨 yours
<ul> <li>Yes, please subscibe me to recieve occasional Club communications and special promotions</li> </ul>			
Application			
Application			
To the Board of Directors, Yarrawonga Mulwala Golf Club Resort:			
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desire to become a Social 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. I understand I will become a temporary member of the Club until the membership			
applications has been approved by the Board of Directors at the next monthly board meeting. Subscriptions are renewable from the 1st June each year and must be paid by the last day of June, otherwise re-nomination may be necessary. There are no pro rata subscription rates.			
Applicants Signature: Date:			
Payment Options			
You can pay for your membership by cash, money order, cheque or credit card.			
Payment Amount: \$ Mastercard  Visa			
Name on card:			
Card No:////	Exp/ CCV		
		•••••	
Office Use Only			
Date Paid: ID Type:		Receipt Number:	
		Board Approval Dat	'e: