

Social Membership Application Form

Yarrowonga 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 March to 28 February

Full Name*:

Residential Address*:

Suburb / Town*: State*: Post Code*:

Postal Address (if different to above):

Email*:

Telephone* (H): (W): (M):

Date of Birth*: (For annual birthday promotion): ____/____/____

Membership Category (Please tick selected category)

Social Membership

Entrance Fee

Annual Subscription

- For those who enjoy entertainment and the social scene. N/A \$22.00
- Includes entry to members Cash Badge draws.
- Members pricing on beverage, food, shows and events. Three-year option \$55.00
- Swipe kiosk promotions.
- \$15 in points when you swipe on your birthday.
- Automatic inclusion in YARRAREWARDS program - Earn and redeem points through accommodation, catering, bar, gaming and Pro Shop merchandise.
- Yes, please subscribe me to receive occasional Club communications and special promotions

Application

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

I,, of

desire to become a Social member of the Yarrowonga 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 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.

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:

Membership Number: Membership Card Photo Taken: Board Approval Date: