

Membership Application



ABN 55 000 829 489

SOCIAL MEMBERSHIP 1 JULY - 30 JUNE

- 1 Year \$10 Social Membership
- 1 Year \$5 Aged Pensioner Social Membership
- 3 Year \$25 Social Membership
- 3 Year \$15 Aged Pensioner Social Membership

Given Names _____ Surname _____

Mr Dr Mrs Ms Miss

Date of Birth _____

Residential Address

Address _____

Suburb _____ State _____ Postcode _____

Phone (M) _____ (H) _____

Email _____

Occupation _____

Postal Address Same as above. If different please complete below.

Address _____

Suburb _____ State _____ Postcode _____

Proposer (full name) _____ Signature _____ Member Number _____

Secondar (full name) _____ Signature _____ Member Number _____

APPLICATION DECLARATION I hereby declare that I wish to become a member of the Yamba Golf & Country Club Limited and request that you enter my name on the Register of Members. I agree that in doing so I am now bound by your Memorandum and Articles of Association or By-Laws made thereunder. I attest the above information provided by me is true and correct.

Applicant Signature _____

Date _____

WWW.YAMBAGOLF.COM.AU
River Street, Yamba
Phone 02 6646 2104 Fax 02 6646 9040
ABN 55 000 829 489

CLUB USE ONLY	
Membership Number:	_____
ID Sited:	_____
Date Elected:	____ / ____ / ____
Processed by:	_____