



YPGC MEMBERSHIP VARIATION FORM

MEMBER DETAILS

Member First Name: _____

Member Last Name: _____

Member Phone Number: _____

Membership Reference Number: _____

MEMBERSHIP SUSPENSION

Start Date: Tue ____/____/____

End Date: Tue ____/____/____ ☐ Medical Certificate Provided.

MEMBERSHIP CANCELLATION

Cancellation Date: ____/____/____

☐ \$250.00 Cancellation Fee Charge: This fee will be charged if you are still within your initial 12-month membership value term. The cancellation fee will be waived if you are outside your minimum term.

MEMBERSHIP CATEGORY CHANGE

Current Category: _____ Current Debit Amount: \$ _____

New Category: _____ New Debit Amount: \$ _____

Frequency (Tick one Only): ☐ Paid In Full ☐ Weekly ☐ Fortnightly

Date when change becomes effective: Tue ____/____/____

CHANGE OF ACCOUNT

Debit from Credit Card – Credit Card information can only be updated with staff on site or over the phone. This will be added directly into the PCI compliant membership system.

Debit from Bank Account:

Name of Financial Institution: _____

Account Name: _____

BSB Number: ____ - ____ - ____

Account Number: _____

VARIATION TERMS & CONDITIONS

- Please be aware that you are entitled to 6 weeks (42 days) suspension per contract.
- Medical suspensions are exempt from your 6 weeks if you provide a doctor's certificate.
- We require notice in advance of leave; backdated suspension requests will not be accepted.
- Suspensions can only be processed in full week blocks (based on a Tuesday-to-Tuesday cycle).

These contract variations will be implemented by YPGC staff prior to the next debit date if received at least 3 working days prior to that date. All the terms of the original contract to which the variation relates shall remain unchanged.

Signed By Member: _____ Date: ____/____/____

Form Submission: ☐ In Person Signed by Witness (Staff): _____

☐ Email (Email to ypgcgolfops@belgravialeisure.com.au)

Actioned by Member Coordinator: _____ Date: ____/____/____