



Verdelho Drive, The Vines
Western Australia, 6069
Tel: (08) 9297 0701
Fax: (08) 9297 0729
Email: membership@vines.com.au

GOLF MEMBERSHIP APPLICATION

Membership Category: _____

MEMBER DETAILS:

Full Name _____
(Given Names) (Surname)

Date of Birth (Day/Month/Year): ____ / ____ / ____

Postal/Residential Address: _____

Suburb: _____ Post code : _____

Telephone: _____
(Home) (Mobile)

Email: _____

Golfink Number (if applicable): _____ Would you like to make The Vines your Home Club? _____

Previous Golf Club: _____

Please tick below to confirm:

- ☐ I AGREE ☐ DO NOT AGREE to have my email address and phone number made visible to other members via the members directory
- ☐ I AGREE ☐ DO NOT AGREE to have my photo made visible via social media platforms
- ☐ I AGREE to be bound by the Club Constitution Bylaws and Policies

I wish to ☐ RECEIVE A PAPER COPY ☐ VIEW VIA MEMBERS WEBSITE the Club Constitution, Bylaws and Policies

Copy provided _____
(Staff signature)

If this application is accepted, I acknowledge that I will be bound by the Constitution, Bylaws and Policies. These may be amended by The Vines (WA) Pty Ltd. I will on demand pay the nomination fees, annual fees and any other fees raised by the Club.

(Signature)

(Date)

OFFICE USE ONLY:

Preliminary		Upon Induction	
<input type="checkbox"/> Opera	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Copy of ID Card	<input type="checkbox"/> Monthly Deduction Request (if applicable)
<input type="checkbox"/> Miclub	<input type="checkbox"/> My Guestlist	<input type="checkbox"/> Member Register	<input type="checkbox"/> Cart Sticker
<input type="checkbox"/> Member Pack	<input type="checkbox"/> Points	<input type="checkbox"/> Issued Towel	<input type="checkbox"/> Locker hire
<input type="checkbox"/> Golfink			

Membership Number: _____ Amount Paid: _____ Date: _____