



GOLF AND COUNTRY CLUB

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

GOLF MEMBERSHIP APPLICATION

I Hereby make an application for Membership at The Vines Golf & Country Club and provide the following information in support of this 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: _____

I acknowledge that if this application is accepted I/we will be bound by the Constitution, By-laws and Rules, as may be amended from time to time, of the Vines (WA) Pty Ltd and will, on demand pay the nomination fees, annual fees and any other fees raised by the Club.

(Constitution, By-laws and Rules can be obtained from the Club Office or Members website)

(Signature) (Date)

Office Use Only		
Preliminary		Upon Induction
<input type="radio"/> Opera	<input type="radio"/> Newsletter	<input type="radio"/> Copy of ID Card
<input type="radio"/> Miclub	<input type="radio"/> My Guestlist	<input type="radio"/> Food/Bev Vouchers (if app)
<input type="radio"/> Member Pack	<input type="radio"/> Points	<input type="radio"/> Member Register
<input type="radio"/> Golfink		<input type="radio"/> Towel Issued

Membership Number: _____ Amount Paid: _____ Date: _____