



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

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): ____ / ____ / ____

Private Address: _____

Suburb: _____ Post code : _____

Postal Address if different: _____

Telephone: _____
(Home) (Mobile)

Email: _____

Golflink Number (if applicable): _____

Previous Golf Club: _____

I acknowledge that if this application is accepted I/we will be bound by the Constitution 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 and Rules can be obtained from the Club Office)

(Signature) (Date)

Office use only:

Membership Number: _____ Amount Paid: _____ Date: _____