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

GOLF MEMBERSHIP APPLICATION 2026/2027

Membership Category: _____

MEMBER DETAILS:

Full Name: _____
(Given Names) **(Surname)**

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

Postal/Residential Address: _____

Suburb: _____ **Post code :** _____

Telephone: _____
(Phone)

Email: _____

Emergency Contact Name and Mobile: _____

Relationship to Applicant: _____

Golf ID 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	*Preliminary*	*Upon Induction*	
☐ *Opera* ☐ *Miclub* ☐ *Member Pack* ☐ *Golf ID*	☐ *Newsletter* ☐ *Connect*	☐ *Copy of ID Card* ☐ *Member Register* ☐ *Issued Towel*	☐ *Monthly Deduction Request (if applicable)* ☐ *Cart Sticker* ☐ *Locker hire*

Membership Number: _____ **Amount Paid:** _____**Date:**_____