



*Fostering knowledge and
enjoyment of wine. Since 1967*

THE WINE GUILD OF AUSTRALIA QLD, Inc

PO Box 135 Fortitude Valley Qld 4006

www.wga.net.au

APPLICATION FOR MEMBERSHIP

Name in Full [please print]

Preferred First Name

[1] _____

Email address _____
[please print carefully]

[2] _____

Email address _____
[please print carefully]

Address _____

Contact (1) _____ (2) _____

Please give details of wine education or other relevant experience:

Please forward completed application together with your remittance or credit card authority covering annual subscription [single \$55/joint \$80] and joining fee [\$15] to:

Memberships Wine Guild of Australia Qld, Inc PO Box 135 Fortitude Valley 4006

Credit Card Authority MasterCard Visa [only] Expiry Date: _____ / _____

Name on Card _____

Card Number _____ / _____ / _____ / _____ Amount \$ _____

I authorise the forgoing credit card charge and on admission to the Guild I/we agree to be bound by The Wine Guild of Australia, Queensland Inc. Constitution and By-laws and to uphold the ideals and principles of The Wine Guild of Australia, Queensland Inc.

Signature : _____ Date: _____