

MEMBERSHIP APPLICATION

(PLEASE PRINT)

NAME IN FULL 1:

NAME IN FULL 2:

ADDRESS:

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OCCUPATION 1:

OCCUPATION 2:

TELE. H: **WK:**

EMAIL ADDRESS:.....

Please provide details of your wine knowledge, or any other wine related experiences you would like to share with us.

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Please forward this section with your remittance to cover the annual subscription plus the once only joining fee to...

MEMBERSHIPS
PO BOX 2143
TOOWONG, QLD. 4066

SUBSCRIPTION COSTS
SINGLE MEMBERSHIP: \$55.00 + \$15.00 JOINING FEE
JOINT MEMBERSHIP : \$80.00 + \$15.00 JOINING FEE

PAYMENT DETAILS:

CHEQUE INCLOSED FOR \$

CREDIT CARD AUTHORITY:

BANKCARD MASTERCARD VISA

NAME ON CARD:

CARD NUMBER:

...../...../...../.....

EXPIRY DATE:/..... AMOUNT \$.....

CARD HOLDER'S SIGNATURE:

On admission, I/we agree to be bound by The Wine Guild of Australia's Constitution and By-laws and to uphold the ideals and principles of The Wine Guild.

SIGNATURES:

DATED: