

THE VINES GOLF CLUB of Reynella SA Inc.

P.O. BOX 243 HAPPY VALLEY S.A. 5159

APPLICATION FOR MEMBERSHIP

MR / MRS / MS

.....
SURNAME

.....
CHRISTIAN NAME

.....
SECOND NAME

.....
PREFERRED NAME

ADDRESS.....

..... P/CODE:.....

PHONE: (HOME) (WORK) (MOBILE)

BIRTHDATE:..... OCCUPATION:..... EMPLOYER:.....

EMAIL ADDRESS:.....

EMERG CONTACT NAME: PH:

MEMBERSHIP CATEGORY: **A** **B** **C** **DU/18** **DO/18** **D1**(10-16yrs) **F** **I** (9hole)

PLAYING RIGHTS: days

(JUNIOR MEMBERS) name of parent/guardian:

DID A CURRENT MEMBER INTRODUCE YOU TO THE VINES?

WHO?..... Please Sign Here:

YOUR HANDICAP: **YEAR:** **GOLF CLUB:**

COST OF MEMBERSHIP: \$..... **FOR** **MONTHS** - EXPIRES 30TH SEPTEMBER 20.....

FULL PAYMENT OF FEES ARE DUE AND PAYABLE WITHIN 30 DAYS UPON RECEIPT OF INVOICE AND ACCEPTANCE OF MEMBERSHIP. NO REFUNDS OF SUBSCRIPTIONS WILL BE GIVEN.

SPECIAL ENTRANCE / SUBSCRIPTION DETAILS:

TERMS AND CONDITIONS

- Subscriptions must be paid in full before Resignation from the Club will be accepted.
- Resignation from the Club will only be accepted in written form.
- All prices quoted include 10% G.S.T.

Signed:..... (PROPOSED MEMBER) (OFFICE)

DATE:.....