



The
Shiraz Club
of Victoria

Meetings: 4th Tuesday in February to November inclusive

MEMBERSHIP APPLICATION

I, _____
of _____
_____ Post Code _____

Email _____ Home Phone _____

Mobile _____ Bus. Phone _____

hereby apply for membership of the Shiraz Club of Victoria.

I hereby expressly acknowledge that my membership may be forfeited if without reasonable explanation:

1. I fail to attend for three (3) consecutive meetings; or
2. I fail to attend six (6) regular meetings in a year; or
3. I have failed to pay my annual subscription by 1 July of the year in question.

Note: a. Fines may be imposed for late or non-reply to Notices of Meeting and are payable with the fee at the next meeting.
b. Members are responsible for guests attending at their invitation.
c. Smart casual dress is required.

Signed: _____ Date: _____

Proposed: Name _____ Signature _____

Seconded: Name _____ Signature _____

FEES DUE AND PAYABLE WITH APPLICATION

MEMBERSHIP FEE: \$ _____

ANNUAL SUBS: \$ _____ (Pro-rata @ \$ _____ per remaining meeting)

TOTAL: \$ _____

EMERGENCY CONTACT: Name: _____

Phone: _____