

APPLICATION FORM FOR MEMBERSHIP WINE GUILD

First Name _____

Surname _____

Email _____

Postal Address _____

Mobile _____

Please share details of your wine education and/or relevant experiences.

WGA Nominating Member

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Application Submission

Please forward your completed application to:

Memberships

PO Box 103
Nundah QLD 4012

Alternatively, you may email a PDF copy to: treasurer@wga.net.au. *All applications will be presented to the Management Committee for approval.*

Membership Fee: *Please indicate whether you are applying for a single or joint membership.*

☐ Single Membership: \$80

☐ Joint Membership: \$115 

Payment Options

☐ Direct Deposit

☐ Credit Card

Declaration

By joining The Wine Guild of Australia, Queensland Inc., I agree to be bound by its Constitution and By-laws, and to uphold the ideals and principles of the Guild.

Signature _____ Date _____

 *a joint membership applies when two members reside at the same address*

  *Upon receipt of your application, an invoice will be issued outlining the applicable fees*