AMATEUR WINEMAKERS AND BREWERS CLUB OF ADELAIDE
MEMBERSHIP FORM

Surname: ……

Given name: ……

Preferred name on name badge: ……..

Address: ……..……

Preferred Phone: ……

Preferred Email: ……..

Note:

1. **The above information is for club use only and will not be provided to any third party without your permission or used for commercial gain.**
2. **Monthly newsletters will be emailed to email address provided above.**
3. **The Club meets at 8pm on the first Tuesday of each month (except January) at the Clarence Park Community Centre, Cnr. East Avenue and Canterbury Terrace Black Forest.**
4. **Membership is $40 per year due in May.**
   You can pay at a meeting, or by EFT BSB 035-048 Account 230040

I agree to the following information being made available to other members of the club:

Telephone number **yes / no**

Email address **yes / no**

I hereby apply for membership of the Amateur Winemakers and Brewers Club of Adelaide Inc., and if accepted, agree to abide by the Rules and Constitution of the club.

Signed…… **Date…….**