

ABN 36 003 159 779

Registered Office 31 Keen St LISMORE NSW 2480

Address all Correspondence to The Secretary Post Office Dunoon NSW 2480 Telephone: (02) 6689 5444 Fax: (02) 66895641

To the Secretary,

(Please print the information required)

APPLICATION for ORDINARY MEMBERSHIP is hereby made by

| Name in Full Surname | | | | |
|---|---|---|-------------|--|
| Gi | ven Names | | | |
| Na | ame Used | | | |
| Da | ate of Birth | | | |
| Od | ccupation | | | |
| Phone (Home) | (Wo | ork/Mobile) | | |
| Residential Address Title (Mr , Mrs , | , Ms , Miss , Dr etc) | Initials | | |
| Street | | | | |
| Locality | | Postcode | | |
| Email Address | Email Address | | | |
| Please indicate your | acceptance of club notifica | tions via email Yes □ or No □ | | |
| Signed by the Applican | ıt | Date | | |
| Proposed by | Member No. | Date | | |
| Seconded by | Member No. | Date | | |
| known. The name and address of committee. At least tow weeks mu | the applicant must be conspicuously displated elapse from the receipt of the application firmation of the applicant. In no case shall t | must be financial members to whom the applicant is yed for a week before the application is considered by the and its consideration by the committee which at it's next ne committee be required to give any reason for the | | |
| The nomination form must be a | ccompanied by the annual subscription | currently \$11.00 | | |
| The registered office of the com | pany is at the premises of | THOMAS NOBLE AND RUSSELL ACCOUNTANTS 31 KEEN STREET, LISMORE 2480 | | |
| Received by | Date | Payment amount | | |
| Notice display date | Receipt No. | Registered Date | | |
| Memhershin Number | Pro | of of identity sighted | | |