



CLUB

A.B.N. 72 000 919 406

MEMBERSHIP NOMINATION

SURNAME (MR/MRS/MISS/MS)

CHRISTIAN NAME

ADDRESS

POST CODE

OCCUPATION

BIRTH DATE

PHONE

MOBILE

EMAIL

Have you ever been suspended, expelled or requested to resign from any Club (if so state details)

I hereby certify that I am over the age of 18 and I agree to abide by the Rules and Regulations of the LISMORE WORKERS CLUB LIMITED

SIGNATURE

DATE

PLEASE NOTE:

- 1) You will be required to present a current I.D. with this form
2) Proposer and seconder must have been members for 3 months
3) If applicant for membership is under 25 years of age proof of age must be submitted for inspection (Drivers Licence, R.T.A Card, Passport)

DOCUMENT SUBMITTED

SIGHTED BY

PROPOSED BY

CARD No

SIGNATURE

SECONDED BY

CARD No

SIGNATURE

PRIVACY STATEMENT

The Lismore Workers Club is subjected to the provisions of the Privacy Act 1988. The personal information provided by you on this form/application and attached documents will be used to process your membership application...

IMPORTANT NOTICE

Proof of age must be produced with this application. This form must be lodged at the office, together with \$11 dollars as full payment of the membership subscription. It must then be exhibited in a prominent place in the Club for at least fourteen days prior to being dealt with by the committee...

Signature

Date

Office Use Only

Receipt No

Amount \$

Signature

Checked by