

MEMBERSHIP APPLICATION FORM

Postal Address:		
Home Phone:	Mobile:	
Email:		
@	· · · · · · · · · · · · · · · · · · ·	
Upon notification to me by	y the Branch of my membership, I h of Lord's Taverners North	ereby agree to be bound by the Constitution ern NSW.
Signature:		Date:
NOMINATION (Required for I hereby nominate the above	-	of Lord's Taverners Northern NSW Inc.
Name of Nominating Mem	ber:	Signature:
	EMBERSHIP FEE (\$55.00) [] MEMBERSHIP (\$1000.00) []	
TOTAL	\$	
BSB: 533-000; A/C #: 021	33252; A/C Name : Lord's Taverr	the following BCU Bank Account: ners Northern NSW; <u>Ref:</u> Your name staverners-northernnsw.com.au
OP		
OR		
Post to: The Treasurer Lo	ord's Taverners Northern NSW, P	O Box 4133. Goonellabah NSW 2480
Your application will	l be acknowledged as soon as it	has been received and processed. Thank

you for joining us as we strive to give the young and disadvantaged a sporting chance.