PLEASE READ CAREFULLY BEFORE COMPLETING FORM*

Office Use Only
Membership No: …….….

Lithgow and District Workmen's Club Ltd.

ABN: 66 001 068 408

Application for Membership

The Board of Directors
Lithgow & District Workmen's Club
3-7 Tank Street,
P O Box 747, LITHGOW. N.S.W 2790

I Mr
Mrs
Miss
Ms ..……..……
(Please Circle) (FULL NAME IN BLOCK LETTERS)

Residential Address ……

……..……...……..

Postal Address ……
(If different from Residential Address)

desire to become a MEMBER of the Lithgow & District Workmen's Club Limited, and I agree to be bound by the Club's Constitution.

I also certify that I am over the age of eighteen (18) years.
(Proof of Age may be required)

Date of Birth:…… …… **Occupation:**…….……

Home Phone No:…… **Work Phone No**:…….. **Mobile Phone No**:……

Email Address:……

Do you wish to receive an Annual Report each year ……..YES / NO

Signature:……..**Date:**……

PLEASE NOTE: SUBSCRIPTION FEE IS PAYABLE IN ADVANCE---$12.00

W.H. ALLAN
General Manager

PROTECTING YOUR PRIVACY: A copy of the Lithgow & District Workmen's Club Ltd Privacy Policy - is available on request at the Club's Reception.

Office Use Only: Membership No.	Date Processed	Board Meeting Date	Licence / Proof of Age Sighted – Yes No	Staff Initials
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