

**PLEASE READ CAREFULLY BEFORE COMPLETING FORM\***

Office Use Only
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# 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  
(Please Circle)

Ms .....  
(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---\$12.00M**

M Alexander, 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.**

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Membership No.	Date Processed	Board Meeting Date	Licence / Proof of Age Sighted - Yes No	Staff Initials
_____	_____	_____	_____	_____