



AUSTRALIAN LACE GUILD

ACN 006 462 175 ABN 79 296 727 561

NEW MEMBERSHIP APPLICATION FORM

Membership Year: 1 August 2010 - 31 July 2011

I, Title		SURNAME: (<i>BLOCK LETTERS PLEASE</i>)	
GIVEN NAMES:			
Address			
State:		Country:	
Postcode:			
Telephone: ()		Email:	
apply for membership of the Australian Lace Guild. I hereby agree to be bound by the terms of the Memorandum & Articles of Association of the Australian Lace Guild.			
SIGNED:		DATE:	
MEMBERSHIP FEES			
JOINING FEE:	<i>(MUST BE PAID BY ALL NEW MEMBERS)</i>	\$ 5.00	\$ 5.00
ORDINARY MEMBER:		\$ 42.00	\$
CONCESSIONAL MEMBER:		\$ 36.00	\$
OVERSEAS MEMBER:		\$ 60.00	\$
FAMILY MEMBER:		\$ 58.00	\$
JUNIOR MEMBER:		\$ 20.00	\$
			TOTAL
			\$
Cheques/Money Orders should be made payable to the Australian Lace Guild and sent to:			
THE MEMBERSHIP SECRETARY 1 Cumbria Court BELMONT QLD 4153			
CONCESSIONAL MEMBERSHIP DETAILS		FAMILY MEMBERSHIP DETAILS	
PENSIONER:		NOMINATED VOTING MEMBER:	
Australian Govt. Pension No.: or Commonwealth Seniors Health Card No.		NAMES & AGES (<i>IF UNDER 18</i>) OF PERSONS INCLUDED IN THIS MEMBERSHIP	
STATE SENIORS CARDS ARE NOT APPLICABLE		Name:	D.O.B.
FULL TIME STUDENT		Name:	D.O.B .
School/College/University:		Name:	D.O.B .
Student I.D. No:		Name:	D.O.B .
PREFERRED STATE			
If you wish to receive the State newsletter from another State branch INSTEAD OF the State in which you live please circle the alternative State below:			
ACT/NSW	NT	QLD	SA TAS VIC WA
Guild Use Only	Rcvd:	Membership No.	Batch No.: