

The Adam Lindsay Gordon Commemorative Committee Inc.

APPLICATION FORM TO BECOME A MEMBER

(Please print clearly)

I,,
(Name)

of,
(Address)

desire to become a member of The Adam Lindsay Gordon Commemorative Committee Inc. (A0049425F)

In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

.....
(Signature of Applicant)

.....
(Email address)

All members have access to the Members' Area of our website www.adamlindsaygordon.org. To access the Members' Area, please nominate an eight character password.

Date: / / 2017

ANNUAL MEMBERSHIP TO 30 JUNE 2018

Joining Fee \$A 5.00

Annual Membership \$A15.00

Yes, I would like to make a donation to The Adam Lindsay Gordon Commemorative Committee Inc! \$A _____

TOTAL: \$A _____

Please return this application form with your cheque or money order (**no cash**) made out payable to "The Adam Lindsay Gordon Commemorative Committee Inc.":

The Adam Lindsay Gordon Commemorative Committee Inc.
PO Box 158
FLINDERS LANE VIC 8009

