

LAKE MACQUARIE LIQUOR ACCORD MEMBERSHIP APPLICATION / RENEWAL FORM



PREMISES NAME		
LICENCE TYPE <i>[please tick]</i>	<input type="checkbox"/> Hotel <input type="checkbox"/> Club <input type="checkbox"/> Restaurant <input type="checkbox"/> Bottleshop <input type="checkbox"/> Associate <input type="checkbox"/> Other	
ACCORD REPRESENTATIVE	NAME	
	POSITION	
PREMISES ADDRESS		
PHONE		
MOBILE		
E-MAIL		

NOTE:

- Being a financial member of this Accord entitles you to voting rights in accordance with the Accord's constitution [excluding Associate Members].
- Associate Membership is only available to industry supporters and NOT LICENSED PREMISES.
- Membership subscriptions are valid from 1 October until 30 September each year.

2019 INVOICE	<input type="checkbox"/> \$50 MEMBERSHIP FEE PER PREMISES	
	<input type="checkbox"/> \$50 ASSOCIATE MEMBER	[NB: THERE IS NO GST APPLICABLE TO THIS SUBSCRIPTION]
	<input type="checkbox"/> CHEQUE ATTACHED - PAYABLE TO LAKE MACQUARIE LIQUOR ACCORD	
	<input type="checkbox"/> ELECTRONIC PAYMENT <i>[preferred option]</i>	
		ACCOUNT NAME: Lake Macquarie Liquor Accord
		BSB: 650-300
	ACCOUNT NUMBER: 509 527 905	
	REFERENCE: Please use Name of your Premises	
DATE OF PAYMENT:		

Receipt, front adhesive venue sticker and website Members section password will be issued after payment is processed.

LICENSEE NAME:	
LICENSEE SIGNATURE:	DATE:

PLEASE RETURN THIS COMPLETED FORM BY E-MAIL OR MAIL TO:

- E-mail: info@lakemacquarieliqoraccord.com.au
- Mail: Lake Macquarie Liquor Accord
PO Box 484
BELMONT NSW 2280
- Contact: 02 4945 7707

OFFICE USE:

BANK TRANSACTION: _____	DATA ENTERED: _____
NOTE: _____	RECEIPT INFORMATION: _____