

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.

2020 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: _____