

# LAKE MACQUARIE LIQUOR ACCORD INC MEMBERSHIP APPLICATION / RENEWAL FORM 2026



<b>PREMISES NAME</b>			
<b>LICENCE TYPE</b> <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
<b>ACCORD REPRESENTATIVE</b>	NAME		
	POSITION		
<b>PREMISES ADDRESS</b>			
<b>PHONE</b>			
<b>MOBILE</b>			
<b>E-MAIL</b>			

**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.**

<b>2026 INVOICE</b>	<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: <b>Please use Name of your Premises</b>
<b>DATE OF PAYMENT:</b>	

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](mailto:info@lakemacquarieliqoraccord.com.au)
- Mail: Lake Macquarie Liquor Accord Inc  
PO Box 484  
BELMONT NSW 2280
- Contact: 02 4945 7707

**OFFICE USE ONLY:**

BANK TRANSACTION: \_\_\_\_\_ DATA ENTERED: \_\_\_\_\_

NOTE: \_\_\_\_\_ RECEIPT INFORMATION: \_\_\_\_\_