

LAKE MACQUARIE LIQUOR ACCORD INC

MEMBERSHIP APPLICATION / RENEWAL

FORM 2026



PREMISES NAME						
LICENCE TYPE (please tick)	<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.**

2026 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 (preferred option)					
	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@lakemacquarieliquoraccord.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: _____