

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)

Date: / /

ANNUAL MEMBERSHIP TO 30 JUNE

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 809
TORQUAY VIC 3228



For more information, contact us via email: adamlindsaygordon@gmail.com, ring (+61 3) 5261 2899
or write to us at the above address.