

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 Incorporated (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 272
YANKALILLA SA 5203

For more information, contact us via email:
adamlindsaygordon@gmail.com, or write to us at the above address.

