

The Adam Lindsay Gordon Commemorative Committee Inc.

APPLICATION TO BECOME A MEMBER

(Please print clearly)

I, ..... (Name)

of ..... (Address)

wish to become a member of The Adam Lindsay Gordon Commemorative Committee Inc. (A0049425F). Should my application be accepted, I agree to be bound by the rules of the Association.

..... (Signature of applicant)

..... (Email address)

Date: ...../...../.....

Annual membership to 30 June .....

Annual Membership/Renewal fee \$A 35.00

Yes, I would like to make a donation to The Adam Lindsay Gordon Commemorative Committee Inc. \$A

TOTAL: \$A

Payment to - BSB: 633-000, Acc. 129958567 (Use last name as reference)

Please email completed form to: adamlindsaygordon@gmail.com

Or post to:

The Adam Lindsay Gordon Commemorative Committee Inc. PO Box 272 Yankalilla SA 5203

For further information, phone 0400 825 220 (president) or email adamlindsaygordon@gmail.com

www.adamlindsaygordon.org

