



Lithgow & District Workmen's Club Ltd.
 3-7 Tank Street, Lithgow NSW 2790
 PO Box 747, Lithgow NSW 2790
 P: 02 6350 7777
 F: 02 6352 1565
 E: info@workies.com.au
 www.workies.com.au

Application Form

CLUB MEMBERSHIP

1 year \$12 3 year \$30

Member Number :

Date Processed :

Proof of age / license sighted Yes No

Board approved :

Staff initials :

Office Use Only



PERSONAL DETAILS

Mr. Mrs. Ms. Miss. Mx.

Full Name :

Date Of Birth :
 D D M M Y Y

Address :

Suburb : State :

Post Code : City / Country :

Postal Address :

H : M :

Do you consent to receiving e-marketing material & special offers from the Lithgow Workies Club Yes No

Email address :



MEMBERSHIP REQUESTS & FEES

I, request to become a member of the Lithgow Workies Club, so I can enjoy all the great benefits a membership has to offer.

I agree to abide by the Club's Constitution and I understand the terms and conditions of entry to the Club.

I also confirm I am over the age of 18 years old, and I am willing to provide proof of age as a condition to acceptance of my membership application.

Please note: Membership fee's are payable in advance, should your membership not be approved a full refund will be made.

Sign :

Date :
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