



**BANKSTOWN LIQUOR ACCORD
MEMBERSHIP APPLICATION FORM**

Premises name											
Licensee name											
Licence type <i>(please tick)</i>	Hotel		Club		Nightclub		Restaurant		Bottleshop		Other
Accord representative <i>(if different from licensee)</i>											
Address											
Phone											
Mobile											
Fax											
E-mail											

Note that being a financial member of this accord entitles you to voting rights in accordance with the accord's constitution.

My annual membership fee of \$ has been sent / is attached. *OR*

\$100 hotels & clubs \$50 bottle shops \$25 all other licence types

Form of payment <i>(Please tick)</i>	Electronic <i>(preferred option)</i>		Cheque	
Date of payment				

Account Name: Bankstown Liquor Accord
BSB: 082-124
Account No: 47 631 4136

If making an electronic deposit please indicate premises name *OR* if paying by cheque, please make the cheque payable to Bankstown Liquor Accord.

Receipt will be issued after payment is processed.

Signature of the licensee: _____ Date: _____

Printed name of the licensee: _____

Please return this form to Matt Tanti, Treasurer of the Accord by:

Email to: MattTanti@bankstownsports.com

Mail to: **Matt Tanti**
Bankstown Sports Club
PO Box 213. BANKSTOWN NSW 1885

Remittance advice

Received from: _____ Date: _____

Amount: \$ _____ Signed: _____