

BANKSTOWN LIQUOR ACCORD

MEMBERSHIP APPLICATION FORM

Premises Name												
Licensee Name												
Licene Type (tick box)	Hotel	<input type="checkbox"/>	Club	<input type="checkbox"/>	Nightclub	<input type="checkbox"/>	Restaurant	<input type="checkbox"/>	Bottleshop	<input type="checkbox"/>	Other	<input type="checkbox"/>
Accord Representative (If different from Licensee)												
Address												
Phone												
Mobile												
Email												

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

Membership Fee (please tick) ☐ \$100 Hotel / Club ☐ \$50 Bottleshop ☐ \$25 All other Licenses

EFT Payment Details

Bank - NAB Bankstown
 Acc Name Bankstown Liquor Accord
 BSB - 082-124

Ref: Premises Name

Receipt will be issued after payment has been processed.

Signature of the Licensee _____ Date _____
 Printed Name of the Licensee _____

Please return this form to - Secretary of the Accord via email

Email to: info@bankstownliquoraccord.com.au

Remittance Advice

Received From _____ Date _____
 Amount _____ Signed _____