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PORT PHILLIP LIFE ACTIVITIES CLUB INC.

Registered Association A0052780P

Membership Secretary, PO Box 717, Port Melbourne VIC 3207

Email: membership@lifeportphillip.org.au

Application for New Membership - Year ending June 2024

	Name (PLEASE PRINT)	Annual Fee	You are paying
Full Member		\$20	\$
Associate Member #		\$8	\$
Postage of Newsletter & Notices	For members who have an email address and wish to have a printed copy mailed to them.	\$10	\$
Total		-	\$

# Associate Member is w so, you are entitled to a d					
Address:					
Phone:	Mobile:				
Email:					
In the event of admissi	on as a member I agr	ee to be bou	and by the rules of F	PPLAC.	
Signature					
Additional Information To help us provide membership data to our funding bodies and assist with promotions, please provide the following information. Male Female					
Date of Birth:	/ /	0.5	-	the options below.	
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Emergency contact de	tails:				
Name:		Phor	ne:		
Payment Options:					
Internet transfers:					

Westpac - BSB: **033-018**, Account: **152062**, Account Name: **Port Phillip Life Activities Club Inc.**Please add your **Name in the "Description" field** so that we know who the credit payment is from. If your bank does not enable you to provide that description, please note the last 4 digits of your phone number instead.

Cash or Cheque:

Post your cheque to the above address or contact the Membership Secretary (Jan Mulder 0421 073 041) to make cash payment arrangements.

<u>Completed Membership Forms:</u> post or email to the Membership Secretary, addresses at the top of the Form.