

Lakes Entrance Events Inc



Membership Application Form

Business Name: _____

ABN No.: _____

Your Name: _____

Postal Address: _____

_____ Post Code: _____

Email: _____ Phone: _____

Website: _____

Facebook: _____

I wish to become a member of this association, I support the purposes of the association and agree to abide by its rules. My membership will be fully active, helping out with activities as required.

Signature: _____ Date: _____

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