



Lockyer
community
centre

Membership Form

Name : _____

Title : Mrs / Ms / Miss / Mr / Rev / Dr / Other : _____

Postal Address :

Phone : _____

Please tick appropriate box :

- I am renewing my membership
- I am applying for membership
- My annual membership fee of \$5.50 is attached

Signature : _____ Date : _____

Office use only

Date Rec : _____ Rec # : _____ Rec Issued : _____