



ABN: 96 338 770 590

LOCKYER COMMUNITY CENTRE

GENERAL MEMBER RENEWAL FORM

Name.....

Address.....

Postcode.....

Contact number

Email contact

To ensure our records are up to date can you please provide below the best contact person for you in event of an emergency:

EMERGENCY CONTACT PERSON: _____

Please provide below any vital medical conditions we need to be made aware of: e.g epilepsy, allergies

Please provide below any new CONFLICTS OF INTEREST that we need to be made aware of:

Any other changes in your situation: e.g change of availability, desire to change your role etc.

Signature & Date: _____

Annual renewal fee payable at AGM \$11.00 Inc. GST

Amount paid: Date paid: Receipt #