



Patron: Dr P. Scully-Power AM, DSM, NSM, KCSE, RML A.D. 1911

**LEAGUE OF ANCIENT MARINERS OF NEW SOUTH WALES Inc**

**NOMINATION FORM FOR MEMBERSHIP**

Surname:..... Christian Name(s):.....

Preferred Title or Rank: .....Year of Birth: .....Address:.....

..... Post Code: .....

Contact Telephone Numbers : .....

Email:.....

Qualifications : Certificate .....Date of issue .....Country of Issue .....

Type of Membership : (Please Tick) Full..... Associate .....

(Full or Associate Membership are provided in accordance with the Constitution & Rules 2017)

Annual Membership Fee: \$20 (for period through to 30th April)

Payment (EFT preferred) to LOAM Bank: BSB 012 003 Account 241850030

(Please email: [loam.treasurer@gmail.com](mailto:loam.treasurer@gmail.com) advising of transfer with name or cheques to address below)

Candidates Signature : ..... Date: ...../...../.....

**Proposed By:** Rank ..... Name: ..... Roll No .....

(PLEASE PRINT Note: Must be a Financial Full Member)

Signature : ..... Date ...../...../.....

**Seconded By :** Rank ..... Name : ..... Roll No .....

(PLEASE PRINT Note: Must Be a Financial Full Member)

Signature : ..... Date : ...../...../.....

President's Signature : ..... Date : ...../...../.....

Committee Approval Date:...../...../.....

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Completed application should be sent to: Treasurer – LOAM. PO Box 112 Mona Vale NSW 1660

Tel: 0408 248 142 Email: [loam.treasurer@gmail.com](mailto:loam.treasurer@gmail.com) Website: [www.ancientmariner.com.au](http://www.ancientmariner.com.au)