



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 : CertificateDate of issueCountry 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 182-512 Account 72365084

(Please email: 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:...../...../.....

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

Tel: 0408 248 142 Email: loam.treasurer@gmail.com Website: www.ancientmariner.com.au