



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

LEAGUE OF ANCIENT MARINERS OF NEW SOUTH WALES

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 012 003 Account 241850030

(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 191, Spit Junction, NSW, 2088

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