



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 : 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)

Joining Fee: \$25

Payment (EFT preferred) \$ 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 Web: ancientmariner.com.au