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**MEMBERSHIP / RENEWAL of MEMBERSHIP of ASSOCIATION
LAM AUSTRALIA RESEARCH ALLIANCE**

I wish to

(a) be admitted as a member of LAM Australia

(b) renew my annual membership of LAM Australia

In the event of my admission as a member, I agree to be bound by the rules of the Association in force for the time being. I consent to being contacted by the State Representative of LAM Australia from time to time.

TITLE FULL NAME OF APPLICANT (BLOCK LETTERS)

of _____
POSTAL ADDRESS

SUBURB STATE POSTCODE

TEL (H or W) MOBILE EMAIL

SIGNED BY APPLICANT DATE

IN SUPPORT OF NEW MEMBERSHIP

I support this application for membership

NAME OF MEMBER

SIGNATURE OF MEMBER DATE

The membership fee is \$3.50 per calendar year. This may be paid with five 70 cent stamps.

Payment remitted by: cheque cash stamps (circle one)

DATE _____

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Together we can conquer LAM