



THE LBW TRUST NEW MEMBERSHIP APPLICATION FORM

PLEASE FILL OUT THE FORM BELOW AND RETURN TO MAILING ADDRESS.

Postal Address P.O. Box 2419 Burwood North NSW 2134

NAME :

ADDRESS :

.....

SUBURB :

STATE : POSTCODE :

Your membership expires at the end of each financial year : 30th June

Do you prefer to receive LBW Trust information, newsletters by email instead of regular mail? YES NO

CONTACT DETAILS

EMAIL :

HOME PH :

WORK PH :

MOBILE PH :

DONATION (tax deductibility pending) : \$

ABN 88 136 792 377

Registered Charity No. CFN 20174