MEMBERSHIP RENEWAL FORM 2024/2025

**1st July, 2024 to 30th June, 2025 Fee - $25 per person PLEASE PRINT**

I/We wish to renew my/our membership of the KEILOR LIFE ACTIVITIES CLUB Inc. for the year 2024/2025

Mr/Mrs/Miss……………………………………………………… Phone No. …………………… Signature

 (Given Name) (Family Name)

Mr/Mrs/Miss……………………………………………………… Phone No. ……………… Signature.

 (Given Name) (Family Name)

Address.…………………………………………………………………………………. Postcode……….

Email: ……………………………………………………….

Emergency Name…………………………………………….Contact No………………………

METHODS FOR PAYMENT OF RENEWAL

* **Cash payments desk in KLAC Club Rooms**
* **Direct Debit: *MUST include description***

**BSB No. 063 591**

**Account No. 10137201**

**Account Name. Keilor Life Activities Club Inc.**

**Please Note:** Participation in the KLAC Activities is at your own risk.

Photographs may be taken during activities; if you do not wish these photos to be used in any KLAC publications please notify the convener.

KLAC Rules available on request or visit website [www.keilorlife.com](http://www.keilorlife.com) Receipt No……………………………..

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