

SHELLHARBOUR LIQUOR ACCORD
2023/2024 MEMBERSHIP FORM

| | | | | | | | | | | | | |
|--|-------|--|------|--|-----------|--|------------|--|------------|--|-------|--|
| Premises name | | | | | | | | | | | | |
| Licensee name | | | | | | | | | | | | |
| Licence type <i>(please tick)</i> | Hotel | | Club | | Nightclub | | Restaurant | | Bottleshop | | Other | |
| Accord representative <i>(if different from licensee)</i> | | | | | | | | | | | | |
| Address | | | | | | | | | | | | |
| Phone | | | | | | | | | | | | |
| E-mail | | | | | | | | | | | | |

Note that being a financial member of this accord entitles you to voting rights in accordance with the accord's constitution.

DECLARATION

As licensee of the above establishment, I apply to be a member of the Shellharbour City Liquor Accord for 2023/2024.

I agree to pay the annual Membership Fee as determined by the Executive Committee:

\$100 hotels & clubs \$50 bottle shops \$25 all other licence types

My preferred payment method:

Credit Card Direct Deposit Cheque

I require a tax invoice

Signed Date

The application for membership must be on an application form and be accompanied by evidence, where required, of eligibility of the particular class of membership.

On acceptance as a member the applicant will receive:

- a. Written notice of acceptance;
- b. Copy of the Liquor Accord Constitution and the Accord's Terms; and
- c. Request for payment of the sum payable under this constitution by a member as entrance fee and annual subscription (within 28 days of receipt of application).

Please return this form to Shellharbour City Council's Community Safety Officer, secretary of the accord:

Email: council@shellharbour.nsw.gov.au
 Mail: Community Safety Office, C/O Shellharbour City Council,
 Locked Bag 155, Shellharbour City Centre, NSW 2529

For all enquiries please contact Shellharbour City Council's Community Safety Officer on 4221 6111.