



**LIQUOR STORES ASSOCIATION OF
WESTERN AUSTRALIA (INC)**



A Member of the Australian Liquor Stores Association

**Centrepoint Tower 123b Colin Street
West Perth WA 6005**

PO Box 1074 West Perth WA 6872

Phone (08) 9321 5022 Fax (08) 9321 5044

MEMBERSHIP APPLICATION FORM

Record Number	<i>For office use only</i>	
ABN No.		
Licence Number		
Store Name		
Premises Address		
Suburb		Postcode
Postal Address <i>PO Box or "as above"</i>		
Suburb		
Contact Name		
Contact Details	PH Fax	MB Email
Licensee		
Authorised Person to vote at LSAWA Meeting	Full Name (print)	Signature
Leasehold or Freehold		
Category <i>Please tick ✓</i>		<input type="checkbox"/> <input type="checkbox"/>
Payment Method <i>Please tick ✓</i>	Direct Debit EFT deposit LSA Bankwest 306-095 5008307 Cheque	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name(s) of other owned Stores.		
Buying Group Member/ Group Name		

I / We confirm the above details are correct.

Signature _____

Date / /

Please complete and return