



LITHGOW SHOW SOCIETY MEMBERSHIP REGISTRATION FORM

YEAR \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile# \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Drivers Licence # \_\_\_\_\_ EXP \_\_\_\_\_

WWC Check # \_\_\_\_\_

Current First Aid Certificate Yes / No Expiry Date \_\_\_\_\_ (Copy Attached)

-----  
Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile# \_\_\_\_\_

-----  
Do you agree to follow Lithgow Show Society's:

- Work Health & Safety Policy? Yes / No
- Job guidelines? Yes / No

Do you have a medical issues or restrictions of which we should be aware? Yes / No

If 'Yes' please advise \_\_\_\_\_

I declare that the information submitted above is true and correct.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use Only		
Paid Membership	Approved / Declined	Note:
Date Paid / /	Amount \$	Receipt #
Application	Received Date / /	Processed / /
	Signed for LSS	