

I of
(Title) (Christian Name) (Surname)

Postal Address
Suburb/Town Post Code

hereby make application to become a Member of LAUNCESTON FRIENDLY SOCIETY PHARMACY LIMITED ABN 19 087 963 022. I agree to be bound by the constitution and enclose herewith the necessary membership fee of \$..... for the financial year ending 30 June 20

I require card/s.

DEPENDENTS

Spouse
(Full Name)

Children under 16 years of age (Full Names)

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Full time students under 25 years of age (Full names)

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GENERAL MEETINGS ELECTION NOTICE
 I require to be notified of Annual General Meetings.

ANNUAL REPORT ELECTION NOTICE
 I require an Annual Report.

NOTE: Under Corporations Law members must be given the option to receive General Meeting Notices and Annual Reports.

Signed: Date: