

LIQUOR ACCORD MEMBERSHIP APPLICATION

<insert name of Liquor Accord>

Full name of applicant:

Member type

Licensee of licensed premises

Name of licensed premises:

Owner or operator of other business

Business name:

Association that represents the interests of businesses

Association name:

Community organisation providing relevant services

Organisation name:

Other entity / organisation

Name:

Contact information

Address:

Email:

Phone:

Applicant name:

Signature:

Date:

/ /

Return completed form to <email_address>

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