



APPLICATION FOR MEMBERSHIP

LINCOLN COLLEGE
ALUMNI
ASSOCIATION

I hereby apply to be admitted as a Life Member of the Lincoln College Alumni Association and agree to be bound by its Constitution and By-Laws.

I enclose a cheque made payable to Lincoln College Alumni Association or provide credit card details below for \$60.00

CREDIT CARD DETAILS

Please circle one of Visa/Mastercard/Amex/Diners

Name on Card: _____ Expiry Date: _____

Card Number:/...../...../...../...../...../...../...../...../...../...../...../.....

PERSONAL DETAILS

SURNAME: _____ CHRISTIAN NAMES: _____

HOME ADDRESS: _____

_____ POST CODE: _____

HOME PH: _____ EMAIL: _____ MOBILE: _____

BUSINESS NAME: _____ OCCUPATION: _____

BUSINESS ADDRESS: _____

DATE OF BIRTH: _____ SPOUSE/PARTNER NAME: _____

YEAR ENTERED COLLEGE: _____ YEAR LEFT COLLEGE: _____

I would like to be contacted about any Alumni Association Activities.

SIGNATURE: _____ DATE: _____

Please return completed form to the College Office:
Lincoln College, 45 Brougham Place, North Adelaide, SA, 5006, or Fax: 8267 2942