

EXISTING MEMBER - CHANGE OF DETAILS FORM

Membership Number:

Member Name:

Surname of Individual Member/
Member Representative 1:

Other Names of above: Title:

Address: State: PCode:

Member's addresses to which notices are to be sent and contact details:-

Address: State: PCode:

Email Address:

Phone: Mobile: Facsimile:

We the **Member** request the amendments to the Register for our memberships as marked on Pages 1 and 2.

Signature of Member/Representative _____ Date / /

Name _____

Office Use Only

.....
Signature of a Cooperative Director

.....
Signature of Cooperative Secretary

Queensland Lifestyle Cooperative Limited

EXISTING MEMBER - CHANGE OF DETAILS FORM (Cont'd)

Membership Number:

JOINT APPLICANT 2/REPRESENTATIVE 2:-

Surname of Joint Member/
Member Representative 2:

Other Names of above: Title:

Address of above:-

Address: State: PCode:

Email Address:

Phone: Mobile: Facsimile:

Signature of New Member/Representative 2 _____ Date / /

JOINT APPLICANT 3/REPRESENTATIVE 3:-

Surname of Joint Member/
Member Representative 2:

Other Names of above: Title:

Address of above:-

Address: State: PCode:

Email Address:

Phone: Mobile: Facsimile:

Signature of New Member/Representative 3 _____ Date / /