

ACADEMY OF LIGHT INC. ABN 26 680 515 199

**ASSOCIATION MEMBERSHIP APPLICATION 2017**

**DATE:**

**NAME (Print):**

**No / STREET :**

**CITY / STATE:**

**POSTCODE:**

**EMAIL :**

**PHONES HOME/MOBILE:**

**OCCUPATION (Optional) :**

**Membership Fee:**

**Waived for 1Jul 2017 – 30Jun 2018**

**Date Paid:**

**N/A**

*Note all membership fees are due and payable in advance of 1 July of each year and are non refundable*

*I confirm that a completed new member application is on file with Academy of Light Inc. and will be retained by them  
This application contains both the signature of the new member and the signature of an AOL Association Officer*

**APPLICANT'S SIGNATURE:**

*I acknowledge that my electronic signature, if used on this document is legally equivalent to my hand-written signature*

**NOMINATED BY: (Print)**

**NOMINEE'S SIGNATURE:**

**MEMBER NO:**

*For officer use only ...*

**Academy of Light Officer:**

**MEMBER NO:**

**Officer's Signature:**

*AOL Officer -- certifies that this individual has joined the AOL Association Inc and acknowledges that the  
electronic signature, if used, is legally equivalent to the hand-written signature.*

**Comments:**