	NC. ABN 26 680 515 199		
ASSOCIATION MEMBE	ERSHIP APPLICATION 2017	DATE:	
NAME (Print):		Member No.	
No / STREET :			
CITY / STATE:		POSTCODE:	
MAIL:			
PHONES HOME/MOBILE:			
OCCUPATION (Optional) :			
Membership Fee:	Waived for 1Jul 2017 - 30Jun 2018	Date Paid:	N/A
	due and payable in advance of 1 July of each yea	-	<u>n</u> uubie
I confirm that this completed ne	ew member application will be on file with Academy	of Light Inc.	
This application contains both t	he signature of the new member and the signature o	of an AOL Association	Officer
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APPLICANT'S SIGNATURE:			
Lacknowledge that my electronic	ic signature, if used on this document is legally equiv	ialant to my hand w	ritton cianaturo
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