## APPLICATION FOR MEMBERSHIP
## LINCOLN COLLEGE ALUMNI ASSOCIATION INC.

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

*All the information recorded on this form is collected and managed in accordance with the Uniting Church Privacy Policy. This information has been collected to assist us in updating our records and managing our Alumni database to ensure excellence of service to our Alumni. If you do not want this information to be used for any other purpose other than the purpose described above, please notify the Lincoln College office on +61 8 8290 6000 or by email at admin@lincoln.edu.au*

| | | |
|---|---|---|
| Surname | | Name |
| Year ENTERED College--Year LEFT College | | Date of Birth |
| Home Address | | City |
| State | Postcode | Country |
| ( ) Home Phone | ( ) Mobile | Email |
| Spouse/Partner Name | | Did they go to Lincoln? |
| Your Occupation | | Place of Occupation |

☐ I enclose a cheque for AUD $60 made payable to Lincoln College Alumni Association Inc.

☐ Please charge my credit card for the amount of AUD $60. *(Credit card details will be destroyed once your membership has been processed.)*

| | |
|---|---|
| Name on Card | Expiry Date |
| ...../...../...../..... ...../...../...../..... ...../...../...../..... ...../...../...../..... Card number | Visa / Mastercard *(please circle)* |
| Signature | Date |

*Please return your completed application form to The Office, Lincoln College, 45 Brougham Place, North Adelaide, SA 5006, AUSTRALIA*