



**Lockyer**  
community  
centre

## Renewal of Membership

**Name:** \_\_\_\_\_

**Title:** Mrs / Ms / Miss / Mr / Rev / Dr / Other: \_\_\_\_\_

**Postal Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Email Address:**

\_\_\_\_\_

**Phone:**

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office use only:

Date Rec: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Rec. issued: \_\_\_\_\_