



## CLC CHANGE OF MEMBERSHIP DETAILS FORM

**NB: One form per member. Please return to CLC, PO Box 5207, MANLY QLD 4179 or fax to (07) 3393 4483 within one month of a change of address**

Date: \_\_\_\_\_

### PREVIOUS DETAILS:

Title \_\_\_\_\_ First name \_\_\_\_\_ Surname \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_ Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Country if other than Australia \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

### NEW DETAILS:

Title \_\_\_\_\_ First name \_\_\_\_\_ Surname \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_ Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Country if other than Australia \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Work Address \_\_\_\_\_

\_\_\_\_\_ Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

### Phone/Fax/Email:

Mobile No/s \_\_\_\_\_

Phone No/s (home) (\_\_\_\_) \_\_\_\_\_ (work) (\_\_\_\_) \_\_\_\_\_

Fax No/s (home) (\_\_\_\_) \_\_\_\_\_ (work) (\_\_\_\_) \_\_\_\_\_

Email Addresses (please tick the email you would prefer to be used for contact):

(home) \_\_\_\_\_

(work) \_\_\_\_\_

Web site \_\_\_\_\_

**Please tick the address you would like to be your primary mailing address for correspondence:**

Postal address     Home address     Work address     E-mail

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**Group details:**

Name of Group: \_\_\_\_\_

Name of Guide: \_\_\_\_\_

**Other changes:**

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*Thank you for letting us know your change of details. Please return this form to:*

**CLC Australia**  
PO Box 5207  
MANLY QLD 4179

or FAX to: (07) 3393 4483

or scan as a pdf and email to [admin@clcaustralia.org.au](mailto:admin@clcaustralia.org.au)