



FOR OFFICIAL USE ONLY

Date deposit paid: D M Y

Amount deposited.....

Date approved by members

Fromto

Approved by management committee. YES: NO:

Date: D M Y

Date Paid: D M Y



MEMBERSHIP REGISTRATION FORM

001267



info@lhprive.com
www.lhprive.com

MEMBERSHIP DETAILS

Title: Dr Mr Mrs Ms Chief

First Name:

Surname:

Address:

Post code:

Occupation:

Organisation:

Office address:

Phone number: Mobile number:

Work number:

Email address:

Date of Birth:

Date of application: D M Y

Individual Corporate Membership

If corporate, how many executive member :

List their names and positions

1.Name: Position:

2.Name: Position:

3.Name: Position:

4.Name: Position:

Have you been a regular member at Liquid Hub? YES: NO:

If yes, from what year to what year? to

Are you related to another LH Privé member? YES: NO:

IF YES ? Name member:

Relationship:

I hereby agree to comply with present and future rules and regulation of LH Privé
(Find attached the rules and regulation)

Applicant's SignatureDate.....

The proposer and seconder must be members for at least 18months

Proposer Name: Signature:.....

Seconder Name: Signature:.....

Any other comment regarding applicant's registration

COMPLETED FORMS AND REGISTRATION
SHOULD BE RETURNED TO LH PRIVÉ ADMIN OFFICE