



# The Australian Institute of Local Government Rangers (inc)

## MEMBERSHIP: NEW/RENEWAL

Period of Membership: 1 July to 30 June

**PLEASE ENSURE ALL FIELDS ARE COMPLETED**

MEMBER DETAILS	
NAME:	
ADDRESS:	
POSTAL ADDRESS:	
EMAIL:	
PHONE:	(H) _____ (W) _____ (M) _____
DOB:	_____ GENDER: Male    Female
ORGANISATION:	
JOB TITLE:	
EMAIL FORUM:	YES    NO

I hereby agree to abide by the rules and constitution of the Institute.

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

\*\* Membership not valid until both payment and membership form has been received.

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### Credit Card Authority

Card type     Visa     Mastercard

Card number   

Expiry date           CVV / CVN          Last 3 digits of number in card signature panel

Cardholder's name   

Cardholder's signature        Date   

Renewal Fee	Payment Type (s)
<b>\$20.00</b>	<ul style="list-style-type: none"> <li>Direct Deposit</li> <li>Cash</li> <li>Cheque</li> <li>Council Purchase Order</li> </ul>
<b>\$22.00</b>	Credit Card
<b>\$5.00</b>	<b>Joining Fee</b>

Direct Deposit Details	
<b>Name:</b>	Australian Institute of Local Government Rangers
<b>BSB:</b>	112-879
<b>Account:</b>	039593481

OFFICE USE ONLY					
Payment By:	DD	Cash	Chq	CC	PO
Amount Paid	\$ _____	Accepted	Yes / No	Member No.	_____
Date of Receipt	_____	Receipt No./ Inv No. _____			

**PO BOX 104, HAWKS NEST NSW 2324**

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Email: admin@nswranger.org.au    Web: www.nswranger.org.au