



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.

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) |
|-------------|--|
| \$20.00 | <ul style="list-style-type: none"> Direct Deposit Cash Cheque Council Purchase Order |
| \$22.00 | Credit Card |
| \$5.00 | Joining Fee |

| Direct Deposit Details | |
|------------------------|--|
| Name: | Australian Institute of Local Government Rangers |
| BSB: | 112-879 |
| Account: | 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

Phone/Fax: (02)4997 9493 Mobile: 0404 836578
Email: admin@nswranger.org.au Web: www.nswranger.org.au