



# 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 <input type="checkbox"/> Female <input type="checkbox"/>
ORGANISATION:	
JOB TITLE:	
EMAIL FORUM:	YES <input type="checkbox"/> NO <input type="checkbox"/>

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.**

Payment made via the AILGR website

### Credit Card Authority

Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
Card Number	_____ - _____ - _____ - _____	
Expiry Date	____ / ____      CVV/CVN      ____	Last 3 digits of number in card signature panel
Name on Card		
Signature		Date

Fee	Payment Type
\$20.00	<input type="checkbox"/> Direct Deposit
	<input type="checkbox"/> Cash
	<input type="checkbox"/> Cheque
	<input type="checkbox"/> Purchase Order
\$22.00	<input type="checkbox"/> Credit Card
<b>New Members - Add</b>	
\$5.00	<input type="checkbox"/> Joining Fee
<b>Direct Deposit Details</b>	
Name: Australian Institute of Local Government Rangers	
BSB: 112-879	
Acc: 039-593-481	

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