



The Australian Institute of Local Government Rangers (Inc)

2023/24 MEMBERSHIP APPLICATION

Period of Membership: 1 July to 30 June

How to complete this form:

1. Ensure that all fields have been filled in correctly.
2. Fields marked with an * are mandatory and must be completed.
3. Once completed you can submit this form to info@nswranger.org.au

Part 1 - Applicant Details

Title	First Name*	Last Name*	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender:

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> _____
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Postal Address*

Job Title:	Business Number	Mobile Number*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Organisation*:	Email Address*
<input type="text"/>	<input type="text"/>

I hereby agree to abide by the rules and constitution of the Australian Institute of Local Government Rangers (available to view on AILGR website)

Signature:	Date:	Join Email Forum:
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 2—Membership Fee

Please select payment method:	<input type="checkbox"/> Purchase Order Number: (invoice will be issued separately)		
<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Website	<input type="checkbox"/> Credit Card^	<input type="checkbox"/> Cash

Direct Deposit Details:	<input type="checkbox"/> \$25 New Member	
Australian Institute of Local Government Rangers	<input type="checkbox"/> \$20 Annual Renewal Fee (Existing members)	
BSB 112-879	Reference:	<input type="checkbox"/> \$2 Credit Card processing fee
Acc 039-593-481	Amount:	



The Australian Institute of Local Government Rangers (Inc)

Part 3 – Credit Card Details

I authorise The Australian Institute of Local Government Rangers (Inc) to debit my Credit card in the amount of:

\$27 New Member

\$22 Annual Renewal Fee (Existing members)

^note a \$2 credit card processing fee is included

Cardholder's Name* (please print name in capital letters)

Credit Card Type

VISA

Mastercard

Credit Card Number

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Expiry Date*

CVV/CVN

Card Holder's Signature*

Date*

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ABN: 81-478-069-722

Website: nswranger.org.au

PO Box 510 Toronto NSW 2283

Email: info@nswranger.org.au