

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: _____

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

Date: _____

Credit Card Authority						Renewal Fee	Payment Type (s)		
Card type Card number	Visa	Mastercar	d				\$20.00	 Direct Deposit Cash Cheque Council Purchase Order 	
	Last 3 digits of number in		\$22.00	Credit Card					
Expiry date			CVV / CVN		card signature panel		\$5.00	Joining Fee	
Cardholder's name							Dire	ct Deposit Details	
Cardholder's signature				Date			Name:	Australian Institute of Local Government Rangers	
							BSB:	112-879	
							Account:	039593481	
			(OFFICE USE (ONLY				
Payment By:		DD	Cas	h	Chq	C	C	PO	
Amount Paid	\$		Accepted	Yes	s / No	Membe	er No.		
Date of Recei	pt		Receipt No	o./ 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									