



ABN No: 2181 2422 991

AUSTRALIAN LOCAL GOVERNMENT WOMEN'S ASSOCIATION NSW BRANCH Inc

Council Membership Application

Council/Shire: _____

Postal Address: _____

_____ Postcode _____

Nominated Contact Person _____

Position with Council _____

Contact details: Telephone: _____ Fax _____

Email: _____ Mobile _____

Membership 1st January 2012 to 31st December 2012

Subscription \$ 200.00 (Subscription fee is Non-GST)

Payment:

Cheques: please make Cheques payable to A L G W A (NSW Branch) (*address below*)

Direct Debit: Commonwealth Bank – BSB 062 562 Account 10045062

NOTE: In the Reference section please insert the Name of your **Council** and the word '**application**' this completed form needs to sent or faxed to the Secretary

Credit Card: VISA MasterCard (Please circle)

_____ Expiry Date: __ / __

Name on card _____

Signature _____

Post to: **Ms Vicki Scott**

ALGWA (NSW Branch) Secretary P. O. Box 21, GOSFORD 2250

Privacy Requirements:

The Executive advises that due to the Privacy Act, we are required to have your authorisation to be able to release any information pertaining to your membership or to include your details in any publication. We ask that the following authorisation be agreed to:-

I authorise ALGWA NSW Branch to release my contact details to other ALGWA members, other organisations, or persons for matters pertaining to the Association's interests.

Signature:

_____ Date: _____