



**AUSTRALIAN LOCAL
GOVERNMENT WOMEN'S
ASSOCIATION**
QUEENSLAND BRANCH

Supporting and encouraging those involved or interested in Local Government

WEBSITE: www.algwaqld.asn.au

ABN - 16 445 091 911

TAX INVOICE

2019/2020 CORPORATE MEMBERSHIP APPLICATION

FORM Please help us to help you be completing ALL sections of the Membership

Form.

ZONE: _____

Renewal of Membership

New Member

Council/Organisation: _____

Postal Address: _____

Mr / Miss / Mrs / Ms / Mayor / Deputy Mayor / Councillor

Contact Representative: _____

Position: _____

Telephone: _____

Facsimile: _____

Mobile: _____

Email: _____

ALGWA newsletters and communications will be provided via email

Signature: _____ Date: _____

MEMBERSHIP SUBSCRIPTION IS FOR THE PERIOD 1 JULY TO 30 JUNE

\$250.00 (corporate membership)

Cheques: Should be made payable to: *ALGWA (Qld) Branch* and forwarded to:

Cr Pierina Dalle Cort, Treasurer ALGWA (Qld) Branch
131 Queen Street, AYR QLD 4807

Direct Debit: BSB: 014 636 Account NO: 2558-25055 (ANZ)

**** PLEASE USE YOUR SURNAME AND INVOICE NUMBER AS THE REFERENCE FOR THE PAYMENT**

(Please also email details of deposit to admin@algwaqld.asn.au)

Office Use Only

Receipt No: _____	Privacy Act 1988 (Cwth) Do you give permission for ALGWA (Qld Branch) to provide your contact details to members of this association or to include details in any publications? <input type="checkbox"/> YES <input type="checkbox"/> NO (if you do not agree, then your information will be kept private and confidential by ALGWA (Qld Branch)) NOTE: ALGWA (Qld) Inc hold public liability insurance.
Date: _____	
Cash/Cheque: _____	
Bank Transfer: _____	
Date: _____	