



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

Supporting and encouraging those involved or interested in Local Government

WEBSITE: [www.algwaqld.asn.au](http://www.algwaqld.asn.au)

ABN - 16 445 091 911

**TAX INVOICE**

**2020/2021 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**

**Free** (corporate membership)

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

Ms 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](mailto:admin@algwaqld.asn.au))

**Office Use Only**

Receipt No: _____	<b>Privacy Act 1988 (Cwth)</b> 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)) <b>NOTE:</b> ALGWA (Qld) Inc hold public liability insurance.
Date: _____	
Cash/Cheque: _____	
Bank Transfer: _____	
Date: _____	