



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

**Patron** Honourable Linda Dessau, AC, Governor of Victoria  
**President** Cr Michelle Kleinert: 0400 902 822  
 P. O Box. 92, Forest Hill, Victoria 3131  
**Correspondence to Executive Officer** secretariat@algwa.com.au  
 f ALGWA-Victoria @Algwavic

INVOICE

Inc A0020254K

ABN 25.523.271.434

**Individual Membership Application**

Membership of the Australian Local Government Women's Association is open to all interested in encouraging and supporting women's participation in Local Government.

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Council/Shire Area: \_\_\_\_\_

Position with Council (if applicable): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

› The ALGWA Constitution requires that all applications for membership be referred to the Committee and on approval of the application, the President will notify the applicant in writing that their membership has been accepted.

**New Member Subscription period:**

February 2019 to 30<sup>th</sup> June 2020 \$ 85.00

February 2019 to 30<sup>th</sup> June 2023 \$320.00

Full time students and concession card holders' membership subscription \$ 40.00 per annum

**Cheques:** please make Cheques payable to **ALGWA (Vic Branch Inc.)**

**Direct Debit:** Bendigo Community Bank, Sandringham Branch,

BSB: 633 000 Account number: 152 248 845 Account name: ALGWA Victorian Branch.

Please email the details of the deposit to: [helen.algwa@gmail.com](mailto:helen.algwa@gmail.com)

**Credit Card:** VISA MasterCard **(Please circle)**

\_\_\_\_\_ Expiry Date: \_\_ / \_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Post To: Helen Harris OAM, ALGWA (Vic)  
PO Box 92, Forest Hill 3131

Enquiries: Ph: 0429 833 324

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_