

APPLICATION FOR GROUP MEMBERSHIP

Group Name : _____

Postal Address: _____

Group Email: _____

[Please note: group email cannot be the email address of an individual member]

Website / facebook : _____

Please provide two contacts for your group:

Name	_____	Name	_____
Phone	_____	Phone	_____
Address	_____	Address	_____
_____	_____	_____	_____
Email	_____	Email	_____

As a Group Member we agree to be bound by the Constitution* of the Alliance for the time being in force.

Signature of Applicant _____ Date _____

Please nominate how you will pay for membership:

We would like to **use a credit card to set up a recurring annual payment**
(A representative from Lock the Gate will contact you to organise payment)

cheque for the sum of \$10.00 in payment of annual membership fee is enclosed.

We have **paid via direct bank transfer** on _____ (date)

Please Send Completed Form to:

Lock The Gate Alliance
P.O. Box 6285
Sth Lismore
NSW 2480

Bank Details for payment via transfer / deposit:

Lock the Gate Alliance
BSB: **633000** (Bendigo Bank)
Account Number: **147805972**
Reference : Membership / Your Group