

APPLICATION FOR MEMBERSHIP

I, _____
[insert your name]

Of _____
[insert postal address] [postcode]

Phone (h) _____ Phone (m) _____

Email _____

As an Ordinary Member, agree to be bound by the Constitution* of the Alliance for the time being in force.

Signature of Applicant _____

Date _____

Please Nominate how you would like to pay for your membership:

- I 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)
- A **cheque for the sum of \$10.00** in payment of annual membership fee is enclosed.
- I have **paid via direct bank transfer / deposit** on _____

Please complete this form and send to:

Lock the Gate Alliance
P.O Box 6285
South Lismore
NSW 2480

Bank details for payment via bank transfer/deposit:

Lock the Gate Alliance
Bendigo Bank
BSB: 633000
Acc: No 147805972
Reference: Membership : Your Name