

QLGRA MEMBER REGISTRATION FORM

C/o Membership Secretary, S. Johnson, 384 Amosfield Rd, Stanthorpe. Q 4380
Tel: 0746810871 – M: 0432 950 645 E-mail: qlgralliance@gmail.com



All prospective members of Queensland Local Government Reform Alliance Inc. are required to complete this registration form and return it with payment prior to membership approval. All details will be kept in a secure database with access restricted to authorized Alliance officers only.

SECTION 1: MEMBER CONTACT INFORMATION

| | | | |
|--------------|---|--|--|
| TITLE | Mr. /Mrs. /Miss /Ms /Dr (Please circle) | | |
| FULL NAME | | | |
| ORGANISATION | | | |
| ADDRESS 1 | | | |
| | SHIRE PREFERENCE | | |
| ADDRESS 2 | HOME PHONE | | |
| TOWN | MOBILE PHONE | | |
| POST CODE | SKYPE address | | |
| EMAIL | | | |

SECTION 2: MEMBERSHIP TYPE

| MEMBERTYPE | DESCRIPTION | FEE | Please Indicate |
|-----------------------|---|------|-----------------|
| ORDINARY GROUP | VOTING – An organization that promotes the goals of QLGRA | \$50 | |
| ASSOCIATE GROUP | NON-VOTING | \$20 | |
| INDIVIDUAL | NON-VOTING | \$5 | |

MEMBERSHIP
Due
30TH JUNE
EACH YEAR

Payment can be made by:

***Cheque, money order.** Please attach cheque or money order to this form and return to the above address.

Cheques payable to: **QLGRA** or **Queensland Local Government Reform Alliance Inc.**

***Direct Debit** to : Bank of Queensland Account holder **QLGRA** or **Queensland Local Government Reform Alliance Inc.**

BSB No: 124960 Account No: 2206 1203 Please indicate in the reference box whom the payment is from e.g." MontoRatepayers" or "JohnBrown".

Please accompany with email to qlgralliance@gmail.com to advise payment has been made with details for forwarding receipt.

For ORDINARY MEMBER GROUPS ONLY:-

1. Please nominate two members of your organisation for the following:

a) _____ who holds the office of _____ as the voting delegate and
(Name)

b) _____ who holds the office of _____ as the observer / deputy delegate.
(Name)

2. Date of formal acceptance of Goals of QLGRA by Member Group (please attach relevant minutes) ____ / ____ / ____

DECLARATION: By signing this form, the Member Group or individual agrees to the Goals and to abide by the rules of the Queensland Local Government Reform Alliance Inc.

Signature of President/Chairman/Individual _____ Position: _____ Date / /

To ensure that we have the correct contact details for your group/you, please complete the information requested and return the form to the above address.

This information will be used to keep your group/you informed about QLGRA events and deliberations.

Total Fees Remitted \$.....

| | | | | | | | |
|---------------|--|-----------|--|---------------|--|----------------|--|
| Received Date | | Processed | | Issued Number | | Receipt number | |
|---------------|--|-----------|--|---------------|--|----------------|--|