



# MEMBERSHIP APPLICATION FORM

This form is a Tax Invoice upon payment

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Residential Address \_\_\_\_\_

Postal Address  
(if different to above) \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Local  
Government Employer \_\_\_\_\_

Current Position \_\_\_\_\_

Membership Class                      Associate                      Continuing                      Corporate                      Student

*I hereby declare that I agree to be bound by the Constitution of The Local Government Finance Professionals Queensland Inc now in force or which may thereafter from time to time be in force.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## PAYMENT SUMMARY

Annual membership - all classes (incl GST)                      \$55.00

**TOTAL PAYABLE                      \$55.00**

## METHOD OF PAYMENT

**Direct Debit**      *Bank Account Name:* Local Government Finance Professionals Queensland  
*BSB:* 064 433      *Account Number:* 1079 1664  
*Deposit reference:* Please use your name as the deposit reference

Amount deposited \$55.00      Date: \_\_\_\_\_

Return completed application to [admin@lgfp.org.au](mailto:admin@lgfp.org.au)