



Regional AECG			
Year		Date	/ /

PRESIDENT			
Name		Local	
Address		Post Code	
Home Phone		Work Phone	
Mobile		Fax	
Email		Membership Type	F / A / J / L

VICE - PRESIDENT			
Name		Local	
Address		Post Code	
Home Phone		Work Phone	
Mobile		Fax	
Email		Membership Type	F / A / J / L

SECRETARY			
Name		Local	
Address		Post Code	
Home Phone		Work Phone	
Mobile		Fax	
Email		Membership Type	F / A / J / L

TREASURER			
Name		Local	
Address		Post Code	
Home Phone		Work Phone	
Mobile		Fax	
Email		Membership Type	F / A / J / L

REGIONAL REPRESENTATIVE			
Name		Local	
Address		Post Code	
Home Phone		Work Phone	
Mobile		Fax	
Email		Membership Type	F / A / J / L

F – Full Member

A – Associate Member

J – Junior Member

L – Life Member



REGIONAL MEMBER				
Name		Local		
Address			Post Code	
Home Phone		Work Phone		
Mobile		Fax		
Email			Membership Type	F / A / J / L

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Name		Local		
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Email			Membership Type	F / A / J / L

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Home Phone		Work Phone		
Mobile		Fax		
Email			Membership Type	F / A / J / L

BANK DETAILS			
Account Name		Account Number	
Branch		BSB	