PAGE 1

Regional AECG	ì					
Year			Date)	/ /	
PRESIDENT						
Name			Loca	ıl		
Address			•	Pos	t Code	
Home Phone		Work Phone				
Mobile		Fax				
Email				nbership Type	F/A/J/L	
	VICE	- PRESIDEN	T			
Name			Loca	.I		
Address				Pos	t Code	
Home Phone		Work Phone		.	<u>'</u>	
Mobile		Fax				
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	SI	ECRETARY				
Name			Loca	ıl		
Address			•	Pos	t Code	
Home Phone		Work Phone				
Mobile		Fax				
Email			N	lembershiր Type	F/A/J/L	
TREASURER						
Name			Loca	ıl		
Address				Pos	t Code	
Home Phone		Work Phone				
Mobile		Fax				
Email			N	lembershiր Type	F/A/J/L	
	REGIONAL	. REPRESEN	TATIVE			
Name			Loca	ıl		
Address				Pos	t Code	
Home Phone		Work Phone				
Mobile		Fax				
Email			N	lembership Type	F/A/J/L	
F – Full Member A – Associate Member J – Junior Member L – Life Member						



NSW Aboriginal Education Consultative Group Inc. Regional AECG Membership Registration Cont.

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	REGIO	ONAL MEMBE	R				
Name			Local				
Address			Post Code				
Home Phone		Work Phone					
Mobile		Fax					
Email			Membership F / A / J / L				
REGIONAL MEMBER							
Name			Local				
Address			Post Code				
Home Phone		Work Phone					
Mobile		Fax					
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REGIONAL MEMBER							
Name			Local				
Address			Post Code				
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Home Phone		Work Phone					
Mobile		Fax					
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	REGIO	ONAL MEMBE	R				
Name			Local				
Address			Post Code				
Home Phone		Work Phone					
Mobile		Fax					
Email			Membership F / A / J / L				
	BA	ANK DETAILS	Account Number				
Account Name		F	Account Number				
Branch			BSB				