WA RANGERS ASSOCIATION

MEMBERSHIP FORM

MEMBERSHIP SELECTION

- ***Ordinary membership*** *is open to persons who are employed in Local Government Law Enforcement.*
- ***Associate Membership*** *is open to persons employed in an allied field.*

Purpose of Registration : ☐ **New Member** ☐ **Renewal existing member**

Choose Membership Type : ☐ **Ordinary** ☐ **Associate**

Subscription Duration :
☐ **$50 One (1) year** *Expires 31 Dec 2027*
☐ **$120 Three (3) years** *Expires 31 Dec 2029*

Payment Method:
Purchase Order Number: _____
EFT (Date): _____

PERSONAL INFORMATION

Membership Number
Renewals Only _____

Full Name _____

Phone (Private) _____ **Phone (Work)** _____

Home Address _____

Email Address (Work) _____

Email Address (Private) _____

Employer _____

Employment Position/Title _____ **Commencement of Duties** _____

_____ _____
SIGNATURE OF APPLICANT **DATE OF APPLICATION**

Please email completed form to *membership@warangers.asn.au*

Preferred payment method EFT to BSB: 066 507 Account No: 10134200
• New Membership (Place "New" and "Surname" in Reference field)
• Renewal Membership (Place "Member Number" and "Surname" in Reference field)
• Cheque or money orders should be made payable to "WA Rangers Association Inc" & posted with this application to PO Box 6, Como, WA 6952.

Office use only
☐ **Purchase Order** ☐ **Fee Paid in Full** ☐ **$50.00 Expiry 31 Dec 2027**
☐ **Bank Transfer** ☐ **Committee Approval** ☐ **$120.00 Expiry 31 Dec 2029**