

Postal Address:
PO Box 682
Sarina Qld 4737
www.sarinalandcare.org.au
101 Sarina Beach Road Sarina



Phone: (07) 4956 1388
Fax: (07) 4956 2944
Email: admin@sarinalandcare.org.au
ABN: 75 953 668 479

MEMBERSHIP APPLICATION

NAME/S: _____

PARENT/GUARDIAN NAME (if under 18 yrs) _____

POSTAL ADDRESS: _____

RESIDENTIAL ADDRESS: _____

TOWN/SUBURB: _____

STATE: _____ POST CODE: _____ MOBILE: _____

EMAIL: _____

PHONE: (H) _____ FAX: _____

Please consider receiving your mailout by email, this will reduce the cost to SLCMA and the environment. You will also receive the newsletter in colour & receive extra information such as important notices more quickly ☺

MEMBERSHIP TYPE AND FEES (Please tick appropriate box)

- ORDINARY MEMBER (Any adult owner/occupier of land)
- Fee enclosed: \$10:00 per application (to be renewed 1 July each year)*
- GOVERNMENT ORGANISATION MEMBER (Councillors, Local Authorities, State Government Departments or Authorities or Divisions or branches within them) *No fee*
- ASSOCIATE MEMBER (Companies, Cooperatives, Local Organisations and Institutions, Local Groups) *No fee*
- JUNIOR MEMBER (Under 18 years of age) *No fee* D.O.B. _____

Payment methods: Cash, Cheque or Electronic Funds Transfer (EFT)

EFT details: Please use surname and initial as reference. Acc name# SLCMA - BSB 633-000 Acc # 136296357

MEMBERSHIP BENEFITS

- General meeting minutes, progress reports *OPTIONAL (Please indicate) YES* *NO*
- Monthly Newsletter & easy access to information and land management advice
- Up to 10 Australian Native tubestock a year (available only by appointment)
- A vote on issues in your catchment and a say in the types of projects applied for
- Invitations to Natural Resource Management bus tours, field days and workshops

Signature _____

Date: _____

Please return with membership fee (if applicable) to the postal address at the top of this form
NB: Application is dependent on acceptance by SLCMA Management Committee at next meeting

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Authorisation for Organisational Representative

ORGANISATION: _____

I, _____

On behalf of the above mentioned, hereby give authorisation for the following person/s to act as a representative for our organization.

REPRESENTATIVE: _____

ALTERNATIVE REPRESENTATIVE (PROXY): _____

Signed: _____ **Date:** _____

Please print name: _____

Position Held: _____

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How did you hear about Sarina Landcare Catchment Management Association Inc.?

- Personal recommendation
 Social Media
 Other – please list
 Traditional Media
 Website

Office Use Only:

Membership Passed/...../.....

Volunteer

LFW Member

Membership received Date	Amount \$	Years paid Eg. 2 yrs	M/S Card issued Date	M/S Received #	# of plants out recorded	Add to S/S & Mailout list