

Address: 101 Sarina Beach Road  
Sarina Qld 4737  
Phone: (07) 4956 1388



Email: [admin@sarinalandcare.org.au](mailto:admin@sarinalandcare.org.au)  
ABN: 75 953 668 479  
Website: [www.sarinalandcare.org.au](http://www.sarinalandcare.org.au)

## MEMBERSHIP APPLICATION

### MEMBERSHIP BENEFITS

- General meeting minutes and progress reports
- Monthly Newsletter & easy access to information and land management advice
- **FREE** - 10 Native plants a year (*claimable within the current financial year only*)
- A vote on issues in your catchment and a say in the types of projects applied for
- Invitations to Landcare events such as bus tours, field days and workshops

NAME: \_\_\_\_\_

PARENT/GUARDIAN NAME (if under 18 yrs) \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### 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 – please also complete page 2**
- ASSOCIATE MEMBER (*Companies, Cooperatives, Local Organisations, Institutions & Groups*)  
**No fee – please also complete page 2**
- JUNIOR MEMBER (*Under 18 years of age*) **No fee** D.O.B. \_\_\_\_\_

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

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

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*With the support of QWaLC and the Qld Govt Sarina Landcare holds appropriate and current insurance coverage with Public Liability to \$30m*

**Please return completed form with membership fee (if applicable)**

**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*

**You will receive confirmation of your Membership once it has been passed by the SLCMA Management Committee at the next scheduled 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: \_\_\_\_\_

### Office Use Only:

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

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

Proposed by:

Seconded by: