

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



Email: admin@sarinalandcare.org.au
ABN: 75 953 668 479
Website: www.sarinalandcare.org.au

MEMBERSHIP APPLICATION

MEMBERSHIP BENEFITS

- 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: