



ABN: 25 956 426 818

PO Box 628, Parkes NSW 2870

M: 0458 593 535 E: chair@lachlandcare.org.au

## Membership Application Form 2017/2018

Please note that membership needs to be renewed annually on 1<sup>st</sup> of July.

Membership Category ( <i>Please specify group name</i> ):		
<input type="checkbox"/> *District Landcare Committee Representative: _____		
<input type="checkbox"/> Incorporated Group: _____		
<input type="checkbox"/> Unincorporated Group: _____		
<input type="checkbox"/> Individual Member		
NAME:		
ADDRESS:		
TOWN:	STATE:	P/CODE:
PHONE N <sup>o</sup> :	MOBILE:	FAX N <sup>o</sup> :
E-MAIL:		
* I have included:		
<input type="checkbox"/> Letter of Endorsement by the District Landcare Committee, or		
<input type="checkbox"/> Signed copy of District Landcare Committee meeting minutes confirming the resolution.		
I hereby apply to become a member of the abovenamed incorporated association. I/we agree to be bound by the constitution of LachLandcare for the time being in force.		
..... Signature of applicant(s)		..... Date

Please contact the Secretary on 0402 608 128 if you have any questions regarding membership.

***Please keep a copy of this form for your own records.***

**MEMBERSHIP \$10.00**

**Payment method:**  CASH

CHEQUE - Please make cheque or money order payable to: **LachLandcare Inc.**

DIRECT CREDIT - Please quote your full membership name as reference no.

Account Name: LachLandcare Inc.

BSB (Westpac Bank): 032-834

Account Number: 178442

Please note down date of direct credit payment: \_\_\_\_\_

**Completed forms may be emailed to:**

admin@lachlandcare.org.au

**LLi Office Use:**

District Committee Rep - Proof of Letter of Endorsement, or signed copy of meeting minutes resolution.

Payment received by: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$\_\_\_\_\_

Payment method: **CASH / DirCr / CHQ / MO** Drawer \_\_\_\_\_