 MEMBERSHIP APPLICATION FORM

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| *Member Information* |
| Name: |  |
| Address: |  |
| Town | State: | Postcode: |
| Phone: | Mob: |
| Email: |  |

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| *Membership Type and Annual Fees* |
| Family: $10 🗆 | Individual: $5 🗆 |

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| *Payment Details (For Treasurer’s Use)* |
| Annual Fee Paid ($): | Payment Date: | Receipt No: |

\* Membership is subject to Committee acceptance.

Association Name: Tarago Landcare Group Incorporated

Incorporation No: INC9887329