 MEMBERSHIP APPLICATION FORM

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

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

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

|  |  |  |
| --- | --- | --- |
| *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