

Membership Application Form

(Please complete form and post with fees to PO Box 863 Stanthorpe Q 4380 , email to the secretary at the above address or drop off in an envelope with your payment to Stanthorpe Print N Copy)

Applicant Details

Full Name:			
Residential Address:			
Postal Address:			
Phone: (H)		Mobile:	
Email Address:			

I wish to apply for ordinary membership to the Stanthorpe Rare Wildflower Consortium Inc. Should this application be accepted, I agree to the following:

- To support the aims of the Association and to abide by its rules, policies and procedures.
- That all activities I undertake as an ordinary member of the Association are completely voluntary and at my own risk.

Membership fee

Membership type – ordinary member	Single	\$10.00 pa	Couple	\$15.00 pa
	Family	\$15.00 pa	Donation	
	TOTAL fees			\$

Signature: Printed Name: Date:/...../.....

NOTE: Our financial year is a calendar year. Membership on joining is until the end of the current year if joining prior to 1 November, or to the end of the following financial year if joining after 1 November.

Payment can be made direct to the Consortium's bank account with the Bendigo Bank - BSB 633-000 Account – 185 984 473. Please include your name on the payment information and indicate it is for membership.

Office use only

Membership application presented at meeting held on:/...../.....

Moved:

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Seconded:

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Payment Received:/...../.....

SRWC Receipt No:

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