

# APPLICATION FOR MEMBERSHIP 2011 to 2012



Completed applications may be mailed to: **Koala Action Pine Rivers**  
**PO Box 3290**  
**WARNER QLD 4500**  
**ABN: 92 282 853 793**  
**Web: koalas.kumbartcho.org.au**

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Postcode \_\_\_\_\_

DATE OF BIRTH (if under 18): \_\_\_\_\_ BLUE CARD REG# \_\_\_\_\_ EXPIRES \_\_\_\_\_

PHONE NUMBERS: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WOULD YOU LIKE TO BE INCLUDED ON OUR MAILING LIST? YES\* / NO

**\* Monthly minutes and notices of meetings are mailed electronically. If you prefer to receive mail by Australia Post, we would appreciate a small donation to cover costs of postage. Thank you.**

AREAS OF INTEREST: \_\_\_\_\_  
(Tree planting, fund raising)

TYPE OF MEMBERSHIP (12 months or part thereof):

Individual (Ordinary Membership) \$8.00 per person \_\_\_\_\_

Family Membership (2 adults plus children) \$15.00 per family \_\_\_\_\_

AMOUNT ENCLOSED: Membership Fee: \_\_\_\_\_

Donation: \_\_\_\_\_

Total: \_\_\_\_\_

Please make cheque/money order payable to Koala Action Pine Rivers Inc, or pay by direct deposit:-  
Bendigo Bank  
BSB No.: 633 000  
Account No.: 132425364  
Reference: (applicant's name)

I agree to abide by the Rules and Regulations of Koala Action Pine Rivers Inc. during the period of my membership.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/guardian to sign on behalf of Associate member)

Proposed By: \_\_\_\_\_ Seconded By: \_\_\_\_\_