



# Clarence Landcare Inc.

## Clarence Native Seed Network

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### 1. Individual making the application

Name			
Postal address:			
Phone No:			
Mobile Phone :		Fax	
Email:			

### Joining Clarence Native Seed Network

I would like to be a member of the Clarence Native Seed Network and receive general information and updates about collecting native seed, training opportunities, participate in discussion and events relating to native seed collection as they become available.

### Work Health & Safety

In accordance with the Work Health & Safety Act 2011, all seed collection volunteers will endeavour to work in a safe manner by observing and eliminating any risk of harm or injury to yourself or others prior to undertaking any associated seed collection activities.

**I have read and understood the Work Health & Safety statement and have read the seed collection guideline document. (available @ [www.clarencelandcare.com.au](http://www.clarencelandcare.com.au)).**

**Tick if you are a current member of a Clarence Landcare or Coastcare group**

**Name of group if applicable** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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Return this form by Fax, Post or Email to Clarence Landcare Inc.  
PO Box 594, Grafton NSW 2460  
clarence\_landcare@bigpond.com Fax : 02 66 435 006