



Clarence Landcare Inc.

ABN: 81 992 322 701

PO Box 594, Grafton. 2460. Ph: 66435009 Fax: 66435006

Email: clarence_landcare@bigpond.com.au



Annual Membership Form 2014/2015

DETAILS – for Groups please ensure you fill out separate group member list as well.

1. Name(s) or Group Name: _____

2. Contact Details – Mailing Address: _____

Residential Address (if different): _____

Phone/Fax: _____ Mobile: _____

Email: _____

3. FOR INDIVIDUALS: Where you live and the land you manage: (please ✓)

I live in an : Urban setting Rural setting. _____ no. Ha of Private Land

Lot & DP of property: _____

I Lease: Public Land Type _____ no. Ha Private Land _____*Ha

Lot(s) & DP(s) of property: _____

Type and number (no.) of stock: Cattle no. _____ Horses no. _____ Other no. _____

4. FOR GROUPS : ABOUT YOUR AREA

Our area covers (please ✓) Private Land which is: Rural or Urban

Public Land Combination of Public & Private

If private rural land and/or public land please estimate your area:

_____ Hectares of Private Land _____ Hectares of Public Land

5. What are the issues are you interested in:

Native plants and animals Threatened Species _____(type)

Pasture and Soil Soil Erosion _____(type)

Dung Beetles Coastal Management _____(type)

Wetland Management Creek and Riverbank Management

Fish and Habitat Native Stingless Bees

Sustainable Agriculture Certified Organic Food Production

OTHER:

6. Affiliation or Memberships to other Associations (Please list) e.g. Producer Group

7. FUNDING: Have you ever been successful in obtaining any funding? Eg; Landcare, Local Land Services, Environmental Trust, Small Grants, Fisheries, etc. *Attach a separate page if necessary, to tell us about past funding success.*

Type of Funding: _____

Project Title: _____

Amount \$: _____

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Amount \$: _____

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Project Title: _____

Amount \$: _____

If not are you interested in Funding? We have a separate expression of interest form to fill out. Please ask.

MEMBERSHIP

(please ✓)

Enclosed \$44.00 Annual Membership Fee* (\$40.00 + 4.00 GST)
(Annual Membership is from 1st July to 30th June - each financial year)

Enclosed is \$11.00 Joining Fee *(new members only)* (\$10.00 + \$1.00 GST)

I/ We have elected to pay and additional amount of: _____

Membership paid via direct deposit**

Total Enclosed: \$ _____

***Please make cheques payable to:** Clarence Landcare Inc.

****Details if paying by direct deposit: Account:** Clarence Landcare Inc. **Bank:** Summerland Credit Union **BSB:** 728-728 **A/c No.:** 78932 *(please include your name for reference)*

Signed: _____ Date: _____

Please post the completed annual membership form and membership fee to:

Clarence Landcare Inc. PO Box 594, Grafton. 2460

or call in to the Landcare Community Office, upstairs at Suite 1, 48 Prince Street, Grafton. 2460

A COPY OF THIS FORM - It's a good idea to keep a copy of this form to assist you in filling out next year's. Would you like us to *mail* or *email* you a copy? **YES** **NO**

Thank you for taking the time to complete the above information and we look forward to receiving your continued membership to Clarence Landcare Inc.

'Bringing people together to tackle environmental problems on private and public land in the Mid – Lower Clarence River Catchment '

GROUP MEMBERS LIST : _____

(Insert Group Name and any new members or changes to members/contact details in your group **see contact lists provided)

NAME	ADDRESS	PHONE	EMAIL ADDRESS	If you would like to receive CL Newsletter Yes/No
Coordinator/ Chair				
Vice Chair				
Treasurer				
Secretary				
Members:				