

Upper Shoalhaven Landcare Council Membership Form 2016



Name: _____ Phone: _____

Email: _____

Mailing: _____

Age group: Under 30 30-60 Over 60

Yes! I also want to receive other benefits (newsletter, equipment hire), **and/or support the Landcare network.**

- I am a paid-up member of _____ Landcare Group.
- I am already a member of an affiliated Landcare Group, although I haven't paid my membership fee. I have included a membership fee for the following group: _____ Please pass it on to my group.
- I wish to join Upper Shoalhaven Landcare Council directly. My application is below.

I hereby apply to become member of the Upper Shoalhaven Landcare Council.

Signature _____ Date _____

My \$5 membership fee is enclosed. Yes

I will pay directly into your bank account using "Pay anyone". Please send me the details Yes

Please send me: Landcare information by email Paper copies of Newsletters etc

Alternatively, you can join on-line at www.uppershoalhavenlandcare.com.au

Note: membership will not be finalised until confirmed in an Executive or General meeting.

I'm interested in (tick any number):

- Weeds, especially _____
- Pest animals, especially _____
- Bushfire risk management
- Climate change
- Biodiversity
- Native vegetation
- Revegetation
- Water management
- Rivercare and wetlands
- Beef farming
- Wool production (sheep, alpaca)
- Growing for the Farmers' Market
- Soil management
- Salinity and acidity
- Indigenous land management
- Training courses
- Insurance for events (eg tree planting)
- Other _____

