

MEMBERSHIP APPLICATION FORM

FIRST NAME		LAST NAME
EMAIL		PHONE
POSTAL ADDRESS		
INTERESTS, S	SKILLS e.g. social media, pho	otography, botany, records, writing, morning teas, other:
MEMBERSHI	P CATEGORY - Please tie	ck
Full	1 year \$10.00 🔲	5 years \$40.00 \Box
Concession	1 year \$5.00 🔲	5 years \$20.00
METHOD OF	PAYMENT	
	•	igo Bank – 58 131 995 Reference: Your last name & initial – <u>admin@swanestuaryreserves.org</u>
Paypal or Credit card through the website		
Enhance the lo flora and faunaConsistent with natural enviror	sociation's objectives to: ng-term ecological health of the n and for the enjoyment of curre n the first objective, support the nment of the Swan River Estuary	
	G's objectives and agree to b	
Signature A SERAG committee	ee member may contact you when y	Date we receive your application to answer any questions you may have about SERAG.
SERAG Office		
Signature:		Date:
		ciations Incorporation Act 2015 - If your application for membership is accepted: t be recorded in a register of members and made available to other members on request.

- you are entitled to inspect and make a copy of the register of members.
- you are entitled to a copy of the Constitution.

If the obligations under the Act are not complied with, the association can be wound up.

You can contact SERAG at admin@swanestuaryreserves.org .

You can access or correct your personal information by contacting SERAG as indicated above.