

Membership Form

Lifetime Membership



Personal Details

First Name:	Last Name:
Mobile:	
Email:	

Address Details

Postal:		
Suburb/Town:	State:	Postcode:
Residential:		
Suburb/Town:	State:	Postcode:

Membership type

Organisation \$10 ☐ Individual \$10 ☐

Organisation Name:

Payment Method

Cash ☐ Credit ☐ Direct Deposit ☐

Cash/Credit Card

In Person

Granite Borders Landcare
Office
45 Martin St
Tenterfield NSW 2372

Office Hours

9 am – 4 pm
Tuesday – Friday

Direct Deposit

EFT or In bank
Regional Australia Bank
Granite Borders Landcare
Committee Inc
BSB: 932 000
Account: 1005 31917

Deposit Note

Please use your first and last name for the direct deposit reference.

Terms and Conditions

As an incorporated Not-for-profit, we are required to keep a register of all our members' name and residential details. We additionally collect phone numbers, emails and postal details for the sole purpose of communicating with our members and for verifying loan details. It is a condition of your membership application that you agree to the above terms. We will not share your personal details with any other organisation without your permission.

Agreement

		/	/
Signed		Dated	

OFFICE USE ONLY

Date received:	/	/	Payment rec:	/	/	EC Approval:	/	/
Processed:	/	/	By (Initial):		Registered:	DB [] SM [] WE [] MYOB []		