



Springfield Lakes Nature Care Inc.

Registration for Membership - Application Form

PLEASE PRINT CLEARLY

First Name	Last Name	Gender			
		M:		F:	

Address				
			State	Post code
Suburb:				

Contact Details			
email address:			
home ph			mob ph
Preferred contact method:	Email <input type="checkbox"/>	home phone <input type="checkbox"/>	mob ph <input type="checkbox"/>

Membership Category			
Individual	<input type="checkbox"/>	Family	<input type="checkbox"/>

Age Range for both individuals and Families (tick all boxes that are relevant)			
Under 18	<input type="checkbox"/>	45-60	<input type="checkbox"/>
18 - 30	<input type="checkbox"/>	60-75	<input type="checkbox"/>
30 - 45	<input type="checkbox"/>	>75	<input type="checkbox"/>

What activities in doing			
Working bees – weeding	<input type="checkbox"/>	Bush walks	<input type="checkbox"/>
Working bees – tree planting	<input type="checkbox"/>	Monitoring surveys– fauna & flora (citizen science)	<input type="checkbox"/>
Working bees – litter pick-up	<input type="checkbox"/>	Identifying and reporting environmental issues	<input type="checkbox"/>
Working bees – toad busters	<input type="checkbox"/>	Habitat improvement (eg. nest boxes / habitat construction installation)	<input type="checkbox"/>
Working bees – letterbox drops	<input type="checkbox"/>	Hosting information stalls	<input type="checkbox"/>
Fauna spotting events (day & night)	<input type="checkbox"/>	Attending environmental talks	<input type="checkbox"/>

Consent – By signing below, I consent to the use by Springfield Lakes Nature Care Inc. of the above contact details for internal contact regarding group run events, to receive information about how to better care for the environment, and promotional material associated with other events / opportunities that fit within the group’s objectives that the management committee feel that I may be interested in participating in. The Springfield Lakes Nature Care Inc. will not share contact information to 3rd parties.

Signature

Date