



APPLICATION FOR MEMBERSHIP OF THE *Swan Estuary Reserves Action Group Inc.*

FIRST NAME: _____

SURNAME: _____

ADDRESS: _____

POSTAL ADDRESS: _____
(if different from above)

SUBURB: _____

POSTCODE: _____

EMAIL: _____

CONTACT NUMBER: _____

MEMBERSHIP CATEGORY:

- | | | | | |
|-------------------|--------------------------|---------------|--------------------------|-----------------|
| Standard | <input type="checkbox"/> | 1 year \$5.00 | <input type="checkbox"/> | 5 years \$20.00 |
| Concession | <input type="checkbox"/> | 1 year \$2.00 | <input type="checkbox"/> | 3 years \$5.00 |

METHOD OF PAYMENT:

- Electronic Funds Transfer to Bendigo Bank.
BSB: 633-000 A/C No: 158 131 995 (Please ensure that your name is included in the transaction document)
- Cheque made out to "Swan Estuary Reserves Action Group Inc"
- Cash

ASSOCIATION'S OBJECTIVES:

I support the Association's objectives to:

- enhance the long-term ecological health of the Swan River Estuary A-Class Reserves and adjacent river parks for the benefit of its native fauna and flora and for the enjoyment of current and future generations of the Perth Community,
- support the managing authorities and those organisations involved in the restoration of the natural environment of the Swan River Estuary.

If my application is accepted, I agree to be bound by the rules of the Association.

Signature: _____	Date: _____
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(This form requires your signature prior to submission)

Every application requires a current SERAG member's nomination of the applicant for membership. On receipt of this application form, a committee member will contact you to help arrange a proposer and seconder for your membership application if needed.

Proposer

Seconder

Signature: _____	Date: _____	Signature: _____	Date: _____
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INFORMATION FOR APPLICANTS regarding the Associations Incorporation Act

If your application for membership is accepted:

- your name and address, as provided above, must be recorded in a register of members and be made available to other members, upon request, under the Associations Incorporation Act.
- you are entitled to inspect and make a copy of the register of members under the Associations Incorporation Act.
- you are entitled to a copy of the constitution under the Associations Incorporation Act.

If the obligations under the Associations Incorporation Act are not complied with the Association can be wound up.

You can contact the Association at PO Box 73 North Fremantle WA, or swanestuarygroup@gmail.com

You can access or correct personal information (your name and address) by contacting the Association as indicated above.