



Clarence Valley Conservation in Action (CVCIA) Landcare Inc.

Membership Form

DETAILS

Name(s): _____

Contact Details – Mailing Address: _____

Residential Address (if different): _____

Phone/Mobile(s): _____

Email: _____

Please if you have a First Aid Certificate? expiry date _____

I/we are interested in being involved in the following local conservation projects and/or hearing more about how I can help or just getting in touch with others working on the following (✓):

Cane Toad Control

Indian (Common) Myna Control

Any comments you would like to make including projects you think could be added to the network or how you would like to be involved in your chosen area of interest:

ANNUAL MEMBERSHIP FEES 1 July – 30 June: Individual \$5 Family \$10

PAYMENT DETAILS/METHOD: (please ✓)

EFT Please identify your payment with your name.

- **Account Name:** Clarence Valley Conservation in Action (CVCIA Landcare Inc)

- **Bank:** Greater Bank **BSB:** 637 000 **Account No:** 718 278 643

Email the completed form and payment advice to mynas@cvcia.com.au

OR

Cheque/cash \$ _____. Post the completed form with cheque to: CVCIA C/- PO Box 1657
GRAFTON NSW 2460

I/we understand that as a Member I/we accept and will act in accordance with the CVCIA's Code of Conduct policies which can be viewed on our website www.cvcia.com.au

Please if you do not wish to receive any enews from Clarence Landcare

Signed: _____ Date: _____

Connecting those in the community wanting to be actively involved in local conservation projects