



Armadale Gosnells Landcare Group



Membership Registration Form

Personal Data

Name:	Occupation (if applicable):	
Address:	Post Code	
Postal Address: (if different from above)	Post Code	
Day time contact No:		
Email (please PRINT):		

Please indicate what information you would like to be provided (by email):

<input type="checkbox"/> Agenda & Minutes	<input type="checkbox"/> Newsletter
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Photography publication/ promotion consent: I give permission to AGLG Inc. to publish an image of myself.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Individual Membership Nomination: I wish to apply for membership to the Armadale Gosnells Landcare Group Incorporated and agree to abide by the Constitution and support the Objectives of the Group.

Name:	Signature: (Guardian's signature for those under 18yrs old)
Date:	

When completed please post or email this form to:

Community Landcare Coordinator
Armadale Gosnells Landcare Group,
PO Box 51, ARMADALE, WA, 6992
Email: info@aglg.org.au

There is no cost involved in joining AGLG Inc.

All details provided will remain confidential.

OFFICE USE ONLY

The membership is valid until such time as it is terminated in accordance with section 9.0 of the constitution.

Accepted: Y N

If no please state reason:

Endorsed by committee member:

Date: