



# Membership Application Landcare Broken Hill Inc.

(Incorporated under the *Associations Incorporation Act 2009*)

**APPLICANT** I, ..... (full name)

of .....[address]

[email address] .....

(telephone) ..... (occupation).....

apply to become a member of **Landcare Broken Hill**, an incorporated association (Reg. 9892159).

Upon becoming a member, I agree to be bound by the current Constitution of **Landcare Broken Hill**.

My areas of interest in Landcare are:,,.....

I have the following skills and training that may assist Landcare .....,,,,,,

Signature .....Date .....

Pursuant to the Constitution of Landcare Broken Hill each membership application must be proposed and seconded by existing members of Landcare. On receipt of an application the Landcare Committee will ensure a proposer and a seconder endorses each application, thereby satisfying the Constitution.

**Membership of Landcare Broken Hill now includes access to our beautiful Imperial Lakes Nature Park and opportunities to participate in activities to be hosted in the Park.**

**Landcare Broken Hill also offers the additional membership benefit of participating in the activities of an internal club – the Barrier Field Naturalists Club. If you are interested in bush walking, field trips, natural history study groups, or just relaxing strolls within our wonderful natural Outback environment, then the BFNC activities are for you.**

Landcare annual membership (inc GST)	\$ 22.00	[ ]	
Landcare annual membership Seniors & Concession (inc GST)	\$ 11.00	[ ]	
Landcare annual membership Juniors u/18 (inc GST)	\$ 11.00	[ ]	
Barrier Field Naturalists Club activities (inc GST)	\$ 5.50	[ ]	
<b>Total (Inc. GST)</b>			<b>\$ .....</b>

If you pay by EFT, please clearly state your name.

Account - Landcare Broken Hill ANZ Bank BSB 012551 A/c 572608599

Email application to [LandcareBrokenHill@gmail.com](mailto:LandcareBrokenHill@gmail.com) Post PO Box 536, Broken Hill, NSW, 2880



Broken Hill  
**Landcare**

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**Administration only:**

Proposed by: .....

Signature .....

Seconded by: .....

Signature .....

Date ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,