

**Application for Membership**

**Year 2022**

**Boonah and District Landcare Association Inc.**

**Applicant Details**

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| First Name: | Last Name: |
| Address: |
| Date of Birth: | Phone: |
| Email: |

**Next of Kin Details:**

|  |  |
| --- | --- |
| First Name: | Last Name: |
| Relationship: | Phone: |

**Applicant Health Details:** Please note any known allergies and/or medical conditions that should be disclosed, especially if engaged in fieldwork.

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 **Areas of interest (please circle):**

Regenerative Land Management Soil Health Tree Planting/Revegetation

Weed Removal/Clean up Waterways Healthy habitats

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note any skills/qualifications you would be willing to contribute:** e.g. organisational skills, public relations, IT skills, fauna and flora ID, woodworking, catering, safe use of chainsaw/chemicals etc

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**Do you have a Bluecard? NO YES/Expiry Date**

**Applicant Signature Date:**

**Annual Fee:**  $10.00 annual **Date of payment:**

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| Boonah and District Landcare AssociationBSB 633000 Account number 113860704 | **Postal Address:** Boonah and District Landcare Association Inc, LPO Box 284, BOONAH 4310 |