

WHITSUNDAY CONSERVATION COUNCIL INC

ABN 12 179 856 680

Member Nomination Form

Please complete in capital letters



**WHITSUNDAY
CONSERVATION
COUNCIL**

Caring for the future is in our nature

I
(title optional, then first and family name with family name last)

authorised representative of
(name of entity applying with IA or ABN - if applicable)

street address
(optional)

postal address

email address
to which all communications may be sent

mobile phone number optional - for alerts and text messages

apply for membership of the Whitsunday Conservation Council Inc and **agree to abide** by the Rules of the Constitution and By-laws, which are available upon request. I am over 18 years of age. I have been informed that the association has public liability insurance up to \$30,000,000 through Qld Water & Land Carers, of which Whitsunday Conservation Council is a member.

Signed Date / /

Proposed by Date / /
(first & family name of financial member)

Signature

Seconded by Date / /
(first & family name of financial member)

Signature

Membership paid	/	/	received by:
Approved by MC	/	/	
Entered in register	/	/	
Entered in contacts	/	/	
Entered in phone	/	/	
Resigned / Removed	/	/	

Notes