



Membership Application Form

Name	
Address 1	
Address 2	
Wish to become a member/s of Cambridge Coastcare (Inc) and agree to abide by their Constitution and the decisions of Cambridge Coastcare (Inc).	
Individual \$20 pa	<input type="checkbox"/>
Family \$30 pa	<input type="checkbox"/>
Concession \$10 pa	<input type="checkbox"/>
Corporate \$50 pa	<input type="checkbox"/>
Life – see over	This membership fee is 10 times that of any of the above <input type="checkbox"/> \$.
Contact Telephone Number/s:	
Email address:	
Signature:	

Please contact any member of the Committee should you need any further information or want to know more about Cambridge Coastcare

Please print and post or email this form as follows –

Email to: cambridgecoastcare@gmail.com

Post to: PO Box 455, Floreat WA 6014

Payment: By Cheque or EFT to Westpac account – BSB 036-004 Account 143310