



Application for Membership Form

Section 1 - Applicant details:

Full Name: _____

Address: _____

Postal address:
(if different to above) _____

Are you applying for membership as an individual or as an organisational/group representative ?

Organisation or Community
Group (if relevant): _____

Position (if relevant): _____

Phone: _____

Fax: _____

Email: _____

Are you of Aboriginal or Torres Strait Islander background? Not applicable

Please note that the Associations Incorporation Act 1987 requires that associations maintain an up-to-date register of members that contains only each member's name and their residential or postal address. The Act also provides each member with the right to inspect the register and view names and addresses of other members. The remaining information is for Rangelands NRM WA communication purposes and will not be available for viewing or to be divulged to external organisations or individuals without your written consent.

Membership sought:

Please identify the type of membership sought – Full membership Rangelands NRM WA Associate

Is this form submitted for: Initial application (complete remainder of form)

Renewal of membership (update with any changes and sign only)

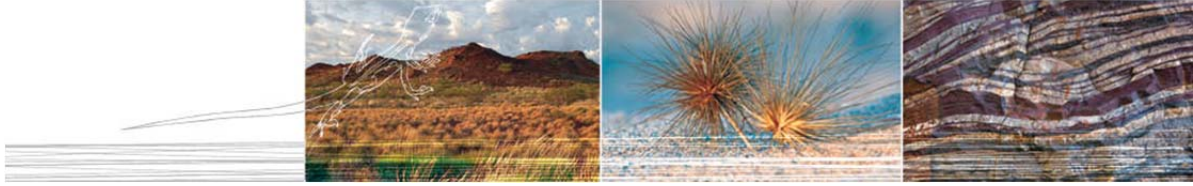
Section 2 - Preferences:

What is your preference for delivery of information and notices regarding Rangelands NRM WA business
Post / Fax / Email ?

What is your main sub-region of interest – East Kimberley ; West Kimberley ; Pilbara ; Desert Rangelands ;
Gascoyne/Murchison ; Goldfields/Nullarbor ; Whole of rangelands ?

Interest in Rangelands NRM WA: (to be completed only by those seeking full membership)

What specific interests do you have in NRM?



In order to better understand your application and help us identify what information may be of most use to you, please provide us with a short statement about your interest in becoming a member of Rangelands NRM WA.

Are you a member of other associations and/or groups that may be aligned with Rangelands NRM WA interests or aims? If so, can you please tell us who they are as it may help us tailor our information to also benefit these groups?

Declaration:

As a potential member, I declare that I am aware of the opportunity to review the 'Rules of Incorporated Association' pertaining to the Rangelands NRM Coordinating Group Inc. (*INC. A Guide for Incorporated Associations in Western Australia* available from (http://www.docep.wa.gov.au/associationsguide/PDF/Publications/Inc_Guide.pdf) and agree to abide by these rules and subsequent amendments.

Signature: (to be completed by all applicants)

Print Name: _____

Signed: _____

Date: ____/____/____

Please return application to Teresa Belcher, Communications Manager (Email: teresab@rangelandswa.com.au; Fax: 08 6389 0377), or nominated Rangelands NRM WA contact in your sub-region.

Office Use Only

Membership supported by: _____ General Manager, Rangelands

Signed: _____ Date: ____/____/____

Date of receipt of application:			
Date of scheduled Board meeting for review:			
Membership approved:	Yes	Chair:	Name:
	No		Signature:
		Date:	
Date applicant notified:		Date noted in Register of Members:	