TWO RIVERS CATCHMENT GROUP Inc
VOLUNTEER REGISTRATION & MEMBERSHIP

.Personal Data

Name:	**Organisation representing** (if applicable)	**Occupation** (if applicable)
Address (business address if you represent an agency or group)**:**		**Post Code**
Postal Address (if different from above)		**Post Code**
Day time contact No.	**Email** (please PRINT)**:**	
Mobile No:	**After hours telephone** (if applicable)**:**	

Please indicate your preferred correspondence from the options below. (Choose more than one option if applicable)

☐ Agenda & Minutes?	☐ Email ☐ Post	☐ Agenda only?	☐ Email ☐ Post	☐ Newsletter?	☐ Email ☐ Postal	☐ Notification of future events & activities?	☐ Email ☐ Telephone

Registration for Volunteers

Volunteer Availability for on-ground activities

Friday Sessions
I am available for regular Friday morning sessions.
☐ Yes ☐ No

Weekends only ☐
Please indicate preferred day / time.
_____

Weekdays other than Friday ☐
Please indicate preferred day / time.
_____

Activities & Interests
Please indicate the activities that most interest or suit you

☐ Weeding / Site maintenance ☐ Planting

☐ Water / Macroinvertebrate monitoring ☐ Seed collecting

☐ Bird & flora surveys ☐ Attending Education Seminars

☐ Display production ☐ Meetings / Planning workshops

☐ Office / Administration ☐ Other, please specify
_____

Individual registration and signature is essential for any volunteer insurance claim. Please do not participate in on-ground activities if you are physically unable or inadequately attired. Children 5yrs & under are NOT covered by volunteer insurance.

I give permission to Two Rivers Catchment Group to publish an image of myself ☐ **yes** ☐ **no**	**Signature or Guardian's signature for those under 18yrs old:** **Date:**

Individual Membership Nomination

I wish to apply for membership to the Two Rivers Catchment Group Incorporated and agree to abide by the Constitution and support the Objectives of the Group.

Name:	**Signature or Guardian's signature for those under 18yrs old:** **Date:**

When completed please post or fax this form to:

Michelle Crow, Catchment Support Officer
Two Rivers Catchment Group
SERCUL, 69 Horley Rd, BECKENHAM WA 6107
Fax: 9458 5661

There is no cost involved in joining TRCG Inc.
All details provided will remain confidential.

The membership is valid until such time as it is terminated in accordance with section 8.0 and/or 9.0 of the constitution.

OFFICE USE ONLY:
Accepted: Y N

If no please state reason:

Endorsed by committee member: Date: