# Armadale Gosnells Landcare Group

LANDCARE
ARMADALE GOSNELLS LANDCARE GROUP

## Membership & Volunteer Registration Form

**Personal Data**

| | |
|---|---|
| **Name:** | **Occupation** (if applicable): |
| **Address:** | **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 | ☐ SERCUL Newsletter? ☐ Email ☐ Post | ☐ Notification of future events & activities? ☐ Email ☐ Telephone |

**Registration for Volunteers**

**Volunteer Availability**

I am available for regular **Weekday** sessions.
☐ Yes ☐ No
**Preferred Day** _____
**Preferred Time** _____

I am available for regular **Monthly** sessions.
☐ Yes ☐ No

**Preferred Day of Month** _____
**Preferred Time** _____

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

☐ Planting dryland seedlings

☐ Planting in-stream seedlings

☐ Hand weeding

☐ Sites within the City of Armadale

☐ Sites within the City of Gosnells

☐ Other, please specify _____

**I give permission to AGLG Inc. to publish an image of myself.**

☐ **Yes** ☐ **No**

**Individual Membership Nomination:** I wish to apply for membership to the Armadale Gosnells Landcare Group Incorporated and agree to abide by the Constitution and support the Objectives of the Group. Personal details are required in the event of a volunteer insurance claim. Please do not participate in any AGLG activity if you are physically unable or inadequately attired. Children 5yrs & under are NOT covered by volunteer insurance.

| | |
|---|---|
| **Name:** | **Signature or Guardian's signature for those under 18yrs old:**<br><br>**Date:** |

**OFFICE USE ONLY**

When completed please post or fax this form to:
Community Landcare Coordinator
Armadale Gosnells Landcare Group,
PO Box 51, ARMADALE, WA, 6992
Fax: (08) 9399 0184
There is no cost involved in joining AGLG Inc.
**All details provided will remain confidential.**

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

Accepted: Y N
If no please state reason:
Endorsed by committee member: Date: