

**INDIVIDUAL MEMBERSHIP REGISTRATION FORM   
(ASSOCIATE MEMBER)**

e-mail to: sercul@sercul.org.au

mail to: 1 Horley Road, Beckenham, WA, 6107

for more info: [www.sercul.org.au](http://www.sercul.org.au)

phone no: [(08) 9458 5664](javascript:void(0))

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| **Name:** | | **Occupation**: |
| **Address:** | | |
| **Postal Address** (if different from above): | | |
| **Day Time Contact No:** | **Email** (please PRINT)**:** | |
| **Please indicate if you would like to receive the SERCUL newsletter (by email):**  Yes  No | | |

**Photography publication/promotion consent**

SERCUL uses photos of members in a variety of SERCUL publications including the newsletter and website. Please indicate whether you give us permission to use your photos for the aforementioned purpose.

**IF YOU ARE UNDER 18 YEARS OLD, ALL OF THE BELOW NEEDS TO BE SIGNED BY YOUR PARENT/ GUARDIAN:**

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| **I give SERCUL permission to take and use an image of myself.**  **YES/ NO**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: / / |

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| **I wish to apply for associate membership to the South East Regional Centre for Urban Landcare Incorporated and agree to abide by the Constitution and support the Objects and Purposes of the Association.**  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: / / |

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| **When completed please hand in or email to:**  SERCUL  1 Horley Rd, BECKENHAM, WA, 6107  Email: sercul@sercul.org.au  There is no cost involved in joining SERCUL Inc.  **All details provided will remain confidential.** |

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| **OFFICE USE ONLY**  The membership is valid until such time as it is terminated in accordance with section 9.0 of the SERCUL constitution.  **Accepted: YES / NO**  If NO please state reason:  Endorsed by committee member:  Date: / / |