

Membership Application 2017 – 2018

Ordinary Membership expires 30 June 2018



Type of Membership: Ordinary

ABN 56 386 415 917
PO Box 145, Strathpine QLD 4500
Ph: 0401 350 799
prkcai@prkoalacare.com.au
www.prkoalacare.com.au

Membership Fee: \$10.00 Donation (optional): \$

Payment method (please tick):

funds transfer cash cheque

Payment Options: By cheque/money order (made payable to Pine Rivers Koala Care Association Inc) OR Funds Transfer: BSB 124185 Acc No. 10502246 (Use your first and last name as your payment reference).

Email your completed form to prkcai@prkoalacare.com.au or post to:

The Secretary, Pine Rivers Koala Care Association Inc: PO Box 145 Strathpine QLD 4500

First Name/s: _____

Surname: _____

Organisation (if applicable): _____

Address: _____

Postcode: _____

Phone Contact 1: _____ Phone Contact 2: _____

Email address: _____

Areas of interest: _____

Activities wishing to participate in (tick as many as apply):

Rescue Caring Driving
 Fundraising/Events Submission Writing Admin/Management
 Attend meetings Other (please describe) _____

I agree to abide by the PRKCAI Rules and Code of Conduct.

Signature: _____ Date: _____

We look forward to your involvement in Pine Rivers Koala Care Association Inc. Monthly meetings are held on the 4th Thursday of each month (except December), at 7pm.

Office Use Only		
New Member / Renewal (circle)	Payment Received	Receipt No
On member list	Date	