



Bowning-Bookham Landcare Membership Application

Membership is valid for a financial year to 30 June	
Please Tick: <input type="checkbox"/> Individual = \$10 <input type="checkbox"/> Household/Business = \$20 <input type="checkbox"/> Concession = Free	
NAME(S): PLEASE PRINT	
ADDRESS:	
STATE: NSW P/CODE:	
PHONE N ^o :	MOBILE:
E-MAIL(s):	
Would you be available to work at the Bowning-Bookham nursery? When?	

<p><u>Payment methods</u></p> <p><input type="checkbox"/> CASH</p> <p><input type="checkbox"/> CHEQUE – Please make cheques payable to Bowning-Bookham Landcare Group Inc. and post with your completed application form to the address at the top of this form.</p> <p><input type="checkbox"/> DIRECT CREDIT - Please quote your full membership name for reference purposes.</p> <p>Account Name: Bowning-Bookham Districts Landcare Group Inc.</p> <p>BSB (NAB Bank): 082-939</p> <p>Account Number: 39-217-1086</p>	<p><u>Short Survey (Please complete)</u></p> <p>If you are a primary producer, please tick your major areas of production:</p> <p><input type="checkbox"/> Cattle <input type="checkbox"/> Sheep – wool</p> <p><input type="checkbox"/> Other livestock <input type="checkbox"/> Sheep – meat</p> <p><input type="checkbox"/> Cropping</p> <p><input type="checkbox"/> Other _____</p> <p>Approximate land holding: _____ hectares</p> <p>If you are not a primary producer, are you a</p> <p><input type="checkbox"/> Rural Resident</p> <p><input type="checkbox"/> Town Resident</p>
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You and Landcare

What are your main interests for becoming a Landcare member?

What skills/experience do you have, that you would be prepared to share with your Landcare group?

Please keep a copy of this form for your own records.