

# Friends of Willunga Basin

## MEMBERSHIP APPLICATION

There is an annual fee of \$8.00 (\$10.00 family, \$6.00 concession). Members have voting rights at general meetings and are eligible to stand for office.

Please post to: P.O. Box 710,  
Willunga 5172

I hereby join as a FRIEND OF WILLUNGA BASIN and declare my support for retaining the natural and rural character of the Willunga Basin as stated in the objectives listed in the brochure.

Title ..... Name: (Surname) .....

(First Name): .....

Address:.....

.....

p.code ..... phone .....

email .....

(This will not be disclosed to any third party)

Payment enc. \$ .....

☐ Tick if you wish us to post you a receipt (*please enclose self addressed envelope*)

If you would like to add a few dollars to your payment by way of a donation it would be really appreciated.