**Launceston Cataract Gorge Protection Association Inc.**

 PO Box 109, Kings Meadows 7249

0498 800 611

**APPLICATION FOR MEMBERSHIP**

Given Name: ……………………………………………………………………………………………..…………………………

Family Name: …………………………………………………………………………………………………………………...

Residential Address: ……………………………………………………………………………………………………………

Postal Address, if different from above:……………………………………………………………………………..

Phone number: ………………………………………………………………………………………………………………….

Email address: ………………………………………………………………………………………………………………….

**I hereby apply for membership of the Association and note the Constitution, Rules and By-Laws.**

Signature: …………………………………………………………………………………………………………………….

Nominee 1

Name: …………………………………………………………………………………………………………………………

Signature:

Nominee 2

Name: …………………………………………………………………………………………………………………………

Signature: …………………………………………………………………………………………………………………...

*\*\*\*NB These nominee fields can be left blank, and LCGPA members will review your application when received.*

Membership applications are made pursuant to Rule 5 and subsequent notification of approval by the committee.

Our current annual subscription fee is $10.00 per person.

Any further donation you might care to make to the Association would be most welcome.

Membership fee paid: Cash

Direct Bank Deposit

Account name: Launceston Cataract Gorge Protection Association
Account number: 30105004 BSB: 807009 Reference: Your Surname