



Friends of the Koala Inc.

PO Box 5034, East Lismore, NSW, 2480, Australia

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www.friendsofthekoala.org

MEMBERSHIP APPLICATION

I would like to become a member of Friends of the Koala Inc.

Date: _____ Name: _____

Address: _____

Postcode: _____ State: _____ Country: _____ Phone: _____

Mobile: _____ Email: _____

- | | | |
|-------------------------------------|--------------------------|---|
| Individual/Family within Australia | <input type="checkbox"/> | \$20 (AU) |
| Full time Student/Pensioner | <input type="checkbox"/> | \$10 (AU) |
| Individual/Family outside Australia | <input type="checkbox"/> | \$50 (AU) |
| Donation | <input type="checkbox"/> | _____ Donations \$2 and over are tax deductible |
| Total amount | | _____ (\$AU) |

Payment by: Cash Cheque Money Order Credit Card:- Visa Bankcard Mastercard

Name of Cardholder: _____

Number: _____ Expiry Date: _____

I/we agree to abide by the licensing requirements of NPWS and Friends of the Koala policies and constitution
Signature:- _____ Date:- _____

I/we are interested in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Tree planting | <input type="checkbox"/> Plant Nursery work | <input type="checkbox"/> Caring for sick & injured koalas |
| <input type="checkbox"/> Leaf Collection | <input type="checkbox"/> Rescue | <input type="checkbox"/> Committee/ Administration |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Publicity | <input type="checkbox"/> Education |
| <input type="checkbox"/> Surveys/ mapping | <input type="checkbox"/> Phone roster | <input type="checkbox"/> Treetops by email |
| <input type="checkbox"/> I/we would like someone to phone and tell me more about volunteering with Friends of the Koala Inc. | | |

Office use only – Date received _____ Receipt no. _____ Date passed by committee _____