



BRISBANE RANGES LANDCARE GROUP

MEMBERSHIP APPLICATION FORM

Name(s) _____

Address _____

_____ Postcode _____

Telephone _____ Fax _____

E-mail _____

Signed _____

Date ___/___/___

I enclose the membership fee/ Please invoice me/us.

Membership Fee for _____ financial year **\$25**

**Please return to Chris Winfield, Hon Treasurer, BRLG,
70 Murphy's Road, RSD Balliang, Via BACCHUS MARSH, Vic 3340.
Ph: 5369 4214**