

ENDORSED INDIVIDUAL MEMBERSHIP APPLICATION FORM



Peak Regional Networks are invited to nominate an endorsed representative for membership of Landcare New South Wales Inc. Endorsed Individual members become a member of the Council of Landcare NSW.

Where a peak regional network does not exist a group may nominate an endorsed representative for membership. Please refer to the Rules of Procedure for membership.

Details of the Body that is endorsing the Individual member

.....
(Name of regional group/network or similar nominating the representative - please print)

Main contact person for our Network/Group:

Address of Organisation :

Organisation Phone No: Organisation E-mail:

.....
Signature of Office Bearer

Date :

Our endorsed representative is

Name:

Address:

Phone No: E-mail:

In the event of admission as a member, I
Agree to be bound by the constitution and
rules of Landcare NSW Inc.

Please complete information on next page.

.....

(signature of nominee)

Please forward this form to memberships@landcarensw.org.au

Fax 02 8209 6623; or by post to PO Box 2069 Armidale NSW

LNSW Committee Use Only

Date Received:/...../..... Date Approved:/...../..... Entered to Database:

Endorsed Representatives Information – please fill in all relevant sections

Your Name:

Local Level: Name of your Landcare group :

Position held in group (eg ordinary member, Chair etc).....

Contact Details of your group:

Name of Main group contact :

Address:.....

Phone:

Email:

District Level: Name of your Landcare Network:

Position held in Network (eg ordinary member, Chair etc).....

Contact Details of your Network :

Name of Main group contact :

Address:

Phone:

Email:

Regional I Level: Name of your Regional Landcare Body:

Position held in group (eg ordinary member , Chair etc).....

Contact Details of your group:

Name of Main group contact :

Address:

Phone:

Email:

LNSW Committee Use Only

Date entered:

by:.....