

# Friends of the Mary River

Receipt No  
(Office use)

## Application for Membership Save the Mary River Coordinating Group Inc Inc No . IA34699



Membership Matters	
<u>Post:</u> c/- JR Porter PO Box 65 Cooroy Q 4563 <u>Associated Website:</u> www.savethemaryriver.com	<u>Email:</u> maryriverinfo@yahoo.com  <u>Phone:</u> 07 5488 4800

I,.....(full name),

of.....(res address)

Date of Birth.....(phone).....(email).....

*(Note: Phone/email addresses will be used only for direct communication between SMRCG Inc and yourself.)*

hereby apply to become a "Friend of the Mary River" as

a Full Member (\$25 pa)

an Associate Member (\$10 pa)

of the Save the Mary River Coordinating Group Inc.

*(See reverse side for membership rights.)*

Signed .....Date.....

Nominated by .....Signature.....

Seconded by.....Signature.....

<b>Method of payment</b>	Cash	Cheque	Credit Card
<b>Amount tendered</b>	\$ ..... Membership + \$ ..... donation (if you wish)		
<b>Credit Card Details</b>			
	Visa	Mastercard	
<b>Card No.</b>			<b>Expiry Date</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Cardholders Name</b> _____			