



MEMBERSHIP FORM

☐ New Member

☐ Member Renewal

PERSONAL INFORMATION

First Name :

Last Name :

Address :
Postcode :

Phone Number :

E-Mail :

Please select the area(s) of volunteer work that interest you most: (optional)

☐ Dune & Bush Revegetation ☐ Turtle Track Spotting ☐ Marine Animal Strandings ☐ Event Planning
☐ Conducting School Talks ☐ Grant Writing ☐ Calendar Team ☐ Media Creation

Other : Do you have a blue card : ☐ Yes ☐ No

Do you have any specific skills, experience, or areas of expertise you'd be willing to contribute as a volunteer?

EMERGENCY CONTACT DETAILS

Contact Name : Home Number :

Relationship : Mobile Number :

MEMBERSHIP AGREEMENT

I apply to be an ordinary member of Coolum District Coast Care Group Inc. ☐
I declare that I am over eighteen years of age. ☐
I agree to abide by the rules of the association & code of conduct. ☐

Signature :

Date :

PAYMENT DETAILS

Bank : National Australia Bank
Name : Coolum District CoastCare Group
BSB : 084-961
ACC : 269210211
REF : Your Full Name

Annual Fee : \$10.00

Payment : ☐ Cash ☐ Card/Square Payment* ☐ Bank Transfer
* Card payments incur transaction fee

Memberships are paid annually and expire every March 31st

THANK YOU

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