

Application For Membership

Name: _____

Address: _____

Postcode

Telephone: (W) _____ (H) _____

Fax: (W) _____ (H) _____

Email (W) _____ (H) _____

Areas Of Interest Or Expertise: _____

I wish to apply for membership of the Environmental Defender's Office of Northern Queensland Inc (EDO-NQ). I support the objects of EDO-NQ, set out overleaf, and agree to act in a manner consistent with these objects and with its Rules of Association.*

Signed: _____

Date: _____

* A copy of EDO-NQ's Rules of Association (or constitution) is available on request.

OFFICE USE ONLY

INDIVIDUAL (unwaged) - \$10 ; INDIVIDUAL (waged) - \$30;
COMMUNITY ORGANISATIONS - \$40; FAMILY MEMBERSHIP- \$35.

DATE RECEIVED _____

MEMBERSHIP No _____

FEE PAID _____

ENTERED ON REGISTER _____

Please forward to:

Environmental Defender's Office of Northern Queensland Inc, Level 1 96 – 98 Lake St, Cairns QLD 4870

Phone: 07 4031 4766.

Fax: 07 4041 4535

e-mail: edonq@edo.org.au