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Telephone: 02 64 938 245 E-Mail membership@wombatprotection.org.au
Mail P.O. Box 6045 Quaama P.O. N.S.W. 2550 Australia



NOMINATION/APPLICATION FORM FOR MEMBERSHIP OR BOARD

Name _____

E-Mail _____

Birth: day _____ month _____

If under 18 that is all the information we need, thank-you for joining.

If you are over 18 please continue; year _____

Address _____

Telephone _____

Fees

___ Family Membership (any number) \$30.00email \$35.00mail
please attach names and birthdays of the other family members

___ Associate Member (Under 18).....\$ 10.00 email \$15.00mail

___ Member.....\$20.00email \$25.00mail

___ Director.....n/a

___ Honorary Member.....n/a

___ Gift In Kind.....n/a if offering to provide a gift in
kind in lieu of a membership fee please indicate how you will be able to help the
society;

Your Signature _____

Thank-you

Last updated January 2010

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