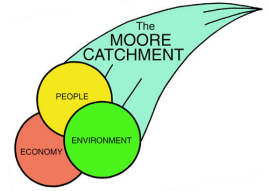


Moore Catchment Council

Registration of Membership



I, _____ of _____,
(Full Name) (Residential Address)

Declare that I am (check all relevant boxes)

- A resident of the Moore River Catchment
- A landowner in the Moore River Catchment
- A person interested in natural resource management in the Moore River Catchment
- A member of a natural resource management group in the Moore River Catchment

And further, I

- Apply to the Moore Catchment for Membership
- Apply to Northern Agricultural Catchments Council for Membership

Signed: _____ Date: _____

Please complete the following contact details.

This information is for MCC communication purposes such as meeting and event notification and newsletter distribution. It will not be divulged to outside individuals or organisations without your consent.

Telephone (Home): _____ Telephone (Work): _____

Mobile: _____ Fax: _____

Email: _____

Postal Address: _____

Membership of Company / Group / Organisation: _____

Particular Areas of Interest (eg. aquaculture, sustainable agriculture, botany): _____

Preferred method of contact (please circle): Email Post Fax

Please post completed registration form to: Moore Catchment Council
PO Box 337
Moora WA 6510 Or Fax to (08) 9653 1366

