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**Ginninderra Catchment Group Inc.  
 Membership Application Form**

Please Note: Becoming a member of the Ginninderra Catchment Group ensures that you are covered by the Ginninderra Catchment Group’s public liability insurance, whilst participating in Catchment Group activities. Information provided here will not be given to any third party.

I, \_\_\_\_\_  
 (full name)

of \_\_\_\_\_  
 (address)

hereby apply to become a member of the above named group. I am aware of and committed to the basic objectives of the group.

**Contact Details**

Home Phone:	
Work Phone:	
Mobile:	
Email:	
Postal Address:	
Name of the site/group I work on the majority of the time, if applicable (eg Umbagog Park):	
Emergency Contact Name:	
Emergency Contact Phone:	

**Declarations**

I declare that:

- The information provided above is true and correct.
- I agree to abide by the constitution of the Ginninderra Catchment Group Inc.
- I will ensure that I sign ‘sign on/sign off’ activity sheets to record my participation in Catchment Group activities.
- I will advise Ginninderra Catchment Group project supervisors of any circumstances including a medical condition or treatment that may preclude me from any activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please add me to the email update list