



MEMBERSHIP FORM 2024

Cape Conservation Group Inc. (CCG) is a volunteer-run organization with an environmental agenda. We seek to protect and preserve the natural environment of the North West Cape now and for future generations.

NAME: _____

POSTAL ADDRESS: _____

EMAIL: _____

PHONE: _____

NB: Name and address are required by law to be on a Register of CCG members. This register must be made available to financial members of the CCG by request. No other personal information will be disclosed.

I, _____ (*insert name*) agree to abide by the **Cape Conservation Group Inc.** Constitution and will not represent the group unless authorised to do so by the committee. I agree that photos taken whilst undertaking CCG activities can be used for purposes of CCG.

Sign: _____

Date: _____

Do you have any skills, experience or qualifications that might benefit the group (e.g. first aid, community group experience, environmental degree)? If so, can you please describe?

PLEASE INDICATE WHICH TYPE OF MEMBERSHIP YOU REQUIRE

- Single \$25.00 per year (Code: S1)
- Family \$35.00 per year (Code: F1)
- Corporate \$50.00 per year – please note that there is a separate form to complete that may be obtained from the CCG Secretary (Code: C1)
- Life \$250.00 (Code: L1)
- Donation: \$ _____ (Code: D)

Payment methods

Direct deposit: Account name: **Cape Conservation Group Inc.**
BSB: **036-180**
Account number: **179646**
Reference/Narration: **Name and membership code as above**

Email bank receipt and completed form to: **secretary@ccg.org.au**

Or optionally post completed form with bank receipt# to: **Cape Conservation Group Inc., PO Box 1029, Exmouth, WA 6707.**



Don't forget to like us on **Facebook** (Cape Conservation Group) Checkout our website: www.ccg.org.au