



Membership Form

Group membership

Group name:

Representative:

Street address:

Suburb: Post code:

Phone: Email:

We do not wish to receive General Meeting Minutes

We would like to receive General Meeting Minutes by:
 post email

Supporter membership

Name:

Street address:

Suburb: Post code:

Phone: Email:

Membership fee enclosed: \$

Donation: \$

Please send cheque, payable to **Urban Bushland Council WA Inc**, to
Treasurer
Urban Bushland Council WA Inc
PO Box 326
WEST PERTH WA 6972