

MEMBERSHIP/RENEWAL APPLICATION

A reminder to members: please check to see if your renewal is due and please let the Treasurer know if you change your contact details.

I / We wish to join / renew: (Single	e: \$15; Family: \$25; S	tudent/Pensioner: \$10)
Title: First name:	Surname:	
Address:		Membership: \$
	Postcode:	Donation: \$
		Payment enclosed: \$
		Do you require a receipt? Yes / No
Phone: (Home)	(Work)	(Mobile)
Email		Fax
How did you hear about QWSG?		
Are you a member of Birds Quee	ensland?	
What activities do you wish to pa	rticipate in? (Please ci	rcle)
WADER COUNTS, FIELD TRIPS	S, SCIENTIFIC DATA	COLLECTION, SURVEYS, CLERICAL,
OTHER (specify:)
Would you like to receive your ne	wsletter (colour version	n) by E-mail?
Signature		Date:
Please post this form to: QWSG Membership Secretary, PO Box 3138, South Brisbane, QLD 4101		

Please email this form to: membership@waders.org.au

Direct funds transfer to:

Queensland Wader Study Group

BSB: 313 140

or

Account number: 08305297