



Coochiemudlo Island Coastcare

JOIN TODAY

Please fill in the form below and:

Return to a committee member;

Drop in your form to Lois Toop, Membership Secretary, 41 Phillips Street, Coochiemudlo Island;

Email your form and payment receipt to coochiecoastcare@gmail.com.

(If paying electronically, please include your full name as the reference.)

MEMBERSHIP FORM

New Membership

Membership Renewal

Annual Single Membership \$2.00

Annual Family Membership \$5.00

Life Single Membership \$50.00

Life Family Membership \$100.00

Island Permanent Resident

Mainland & Island Home

Visitor

Island Home Address (if applicable): _____

Name/s of Adult/s: _____

Name/s of Children & D.O.B.: _____

Mainland/Home Address: _____

Suburb: _____ State: _____ P/Code: _____

Phone: _____ Mobile: _____

Email: _____

Signature: _____ Date: _____

COOCHIEMUDLO ISLAND COASTCARE INC.

www.coochiemudloislandcoastcare.org.au • coochiecoastcare@gmail.com

Phone: 07 3207 7153

Direct Deposit BSB: 064-149 Account: 10096929

OFFICE USE ONLY

Amount Paid: \$ _____ Member Nominated: _____

Receipt Number: _____ Member Endorsed: _____

Payment Method: _____ Database Updated: _____ Init: _____

Membership Number: _____ Membership Kit Sent: _____ Init: _____