

## KOALAS IN CARE Inc.

Servicing Greater Taree, Great Lakes and Gloucester Areas

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ABN 78 337 974 646

## SUPPORT MEMBERSHIP APPLICATION/RENEWAL

Full Name (or *Family Name):		
Address:		
Phone:	E-mail:	- <del></del>
Mobile No:	Date:	
Signature:		<del> </del>
Simply fill out this form and send	roup's work in caring for sick, injured and orphaned koalas of our your cheque along with the completed form to the above addrest stays in the group's licensed area which covers Greater to Lakes to assist the local koalas.	ess for
Please tick one of the categories by	pelow:	
Single Support Membershi	<b>p</b> (1 person only) - <b>\$30.00</b>	
	(2 or more persons residing at the same address) - \$45.00  Membership (Non-profit organisation) - \$30.00	
Supporting Members do not dire	ctly participate in the Association's activities. Keep informed the koala patient's progress by liking us on our Facebook page.	
	2015/2016 financial year. KOALAS IN CARE Inc thank you fo er information regarding this membership please contact KOAL s only).	
NB: Membership is GST inclusive. Incor	porated under the Association Incorporation Act 1984	
Approved:	Date:	
Membership No:	Receipt No:	