



APPLICATION FOR MEMBERSHIP

(INCORPORATED GROUP)

Please return the completed PDF to info@qwalc.org.au

ABOUT YOUR GROUP

Group Name: _____

Briefly outline your group's objectives and purpose:

1 What activities do you engage in?

- | | | |
|---|--|--|
| <input type="checkbox"/> Weeding and tree planting | <input type="checkbox"/> Wildlife conservation | <input type="checkbox"/> Dune and coastal care |
| <input type="checkbox"/> Water health monitoring and conservation | <input type="checkbox"/> Sustainable agriculture and farming | <input type="checkbox"/> Nature conservation |
| <input type="checkbox"/> Workshops | | |
| <input type="checkbox"/> Other (please specify) _____ | | |

2 Approximately how many members/volunteers do you have?

- 0 – 10 11 – 50 51 – 100 100+ (please specify) _____

3 Approximately how many volunteer hours does your group contribute to environmental activities each month?

- 5 – 15 16 – 25 26 – 35 35+ (please specify) _____

4 Approximately how many employees does your group have?

- 0 1-5 6-15 16+ (please specify) _____

5 What income generation activities does your group engage in?

- Nursery Fencing Weed control None
 Tree planting Contracting Workshops/field days/events
 Other (please specify) _____

6 What geographical area is covered by your group?

Corresponding local government: _____

Corresponding Natural Resource Management Region: _____

7 Does your group work with any other natural resource management groups (e.g. landcare, bushcare, catchment management)? Please specify below

8 Does your group have a copy of the 'In Safe Hands' Toolkit from www.insafehandstoolkit.com.au or equivalent WH&S policies and procedures?

- No Yes

9 Does your group auspice any unincorporated groups or sub-groups?

- No Yes (Please specify names on separate document)

10 Does your group require Insurance coverage?

- No Yes

CONTACT INFORMATION

Contact Person and position _____

Phone Number _____

Postal Address _____

City/Town _____

State _____ Postal Code _____

Email Address _____

Website or social media _____

FINAL CHECK

Have you included a copy of your constitution? _____

Have you included your certificate of incorporation? _____

I, _____ a member of the management committee
declare that I am authorised to complete and provide this declaration on behalf of the group.

Name: _____ Witness Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Privacy statement

Personal/group information collected on this form will be used to assess your application for membership as a Landcare/NRM volunteer group. It will be disclosed to Queensland Water and Land Carers and relevant organisations as part of the assessment process. In the event that your application is successful, this information may also be disclosed to our insurers in connection with their provision of insurance covering the legitimate activities of the group. Group information will be displayed on the QWaLC website.

Form date: 27.2.19

