



APPLICATION FOR MEMBERSHIP

(UNINCORPORATED 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 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?

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

5 What business 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 What incorporated QWaLC NRM group are you linked to?

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 _____

I, _____ a member of the steering committee or management committee of
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 the insurer, AON Risk Services, 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: 10.08.20

