MANNING GREAT LAKES BIRDWATCHERS Inc. APPLICATION FOR MEMBERSHIP 2023 / 2024

I / we would like to join / rejoin the Manning Great Lakes Bird the group	lwatchers Inc. and agree to be bound by the rules of
Surname / s	
Other name / s	
Address	
Town	Postcode
Phone - Home	Mobile
Email	Fax
Emergency contact details Name	Phone
Do you give permission for your mobile phone number to be of contact during outings?	shared with other MGLBs members for the purposes
Agree Disagree D	
Adult \$ 25 Concession - Student \$ 10	5.00 5.00 0.00 5.00
Donation \$	
I / we enclose a cheque / money order for \$	
TOTAL \$	
Are you aware of any existing medical condition which may a	ffect your activities with the Manning Great Lakes
Birdwatchers Inc.? YES NO If yes, please specify the condition with any s	
Disclaimer: People taking part in any activity with the Manning voluntary basis and at their own risk, therefore accepting resp	
SIGNATURE	DATE
Please complete this form and return to the Treasurer at the n	ext outing or post the cheque / money order to:-
THE SECRETARY PO BOX 281 FORSTER NSW 2428	
Or Direct Debit	
Manning Great Lakes Birdwatchers Regional Bank BSB 932-000 Account No. 500 021 693	