

EYRE PENINSULA ENVIRONMENTAL PROTECTION ALLIANCE Inc

MEMBERSHIP APPLICATION FORM

NAME(first)(surname)

EMAIL

MOBILE NUMBER

I have been given access to the EPEPA Rules to read. I agree to support EPEPA objectives.

SIGNEDDate:

I have the following skills, experience and interests and I am willing to explore sharing these with EPEPA:

.....
.....
.....
.....

Please transfer \$10 membership fee, per person, to:

Eyre Peninsula Environmental Protection Alliance Inc

BSB: 633 000

Account number: 190 717 876

Please include your name in the description.

EPEPA Admin only

Membership fee received in bank account? Y / N Date:

On Committee agenda for date:

Membership number:

Details added to membership list: Y / N Email added to distribution list: Y / N

Eyre Peninsula Environmental Protection Alliance Inc
PO Box 3092 Port Lincoln SA 5606 eyrepeninsulaepa@gmail.com