



Yellow Footed Rock Wallaby Preservation Association Inc
PO Box 376, Campbelltown SA 5074

APPLICATION FOR MEMBERSHIP

Name (in full) :
(Surname) (First Names)

Address :
.....Post Code

Telephone (home) (work) (Mobile).....

Email :

I hereby apply for membership of the Yellow footed Rock Wallaby Association Inc in accordance with the to the Rules of that Association and I agree to be bound by those Rules.

.....
Signature of Applicant

.....
Date

DECLARATION OF TRANSFER OF MEMBERSHIP

I,
(Name in full)

of
(Address)

holding Membership Number

declare that I **agree to the transfer of my membership** in the Yellow Footed Rock Wallaby Association Inc to the above applicant.

The key bearing the above membership number **has/has not** been provided to the above applicant.

.....
(Signature of Previous Member)

.....
(Date)