

KAG Membership Application Form

ABN 85 618 891 610

www.koalagroup.asn.au

email: admin@koalagroup.asn.au

Name:

Address:

.....P/Code:

Telephone:Email:

Please indicate if you are interested in any of the following activities.

- Tree planting Tree propagation Displays Letterbox drops
- Wildlife ambulance Donation (optional)

Annual Membership Rates. Please indicate desired membership type.

- Single - \$15 Family - \$25 Concession (Single/Family) - \$10

I apply for membership of the Koala Action Group Qld Inc and enclose my membership fee.

Signature: Date:

Please send to:

**KAG
PO Box 660
Capalaba Qld 4157**