



P.O. Box 1239, Caloundra Qld 4551

Date

Membership Form

Title.....

First name.....

Surname.....

Email.....

Postal address.....

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.....Postcode.....

Phone number.....

Mobile.....

Relevant Details

eg past experience with community groups and organisations, heritage sites or projects, skills and abilities

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Please email to the Treasurer and deposit
\$10 for single membership or \$15 for a family
Bendigo Bank 1/99 Bulcock St, Caloundra 4551
BSB 633-000 132361544
and include your last name

Friends of the Caloundra Lighthouses

c/- the Treasurer, Diane Raby
remrabs@hotmail.com

Date banked

The information you provide in this form is covered by regulations in the Privacy Act 1988
and will not be provided to third parties without first gaining your consent.