



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 Membership Officer 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 Membership Officer, Diane

[remrabs@hotmail.com](mailto: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.