

Application for Membership  
of the  
Indigenous Flora and Fauna Association

Incorporated Association No A0015723B



Family/Organisation Name: \_\_\_\_\_

First Name (organisational or family representative): \_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_ (Fax) \_\_\_\_\_

**I wish to become a member of the Indigenous Flora and Fauna Association**

In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** for new members joining July-December pay half the fees shown below but become a member for the full financial year. New members joining January-June pay the full amount, which includes membership from the date they join including the whole of the following financial year.

**I wish to renew my membership of IFFA** (Note membership runs from 1 July to 30 June each year)

**IFFA Membership type (tick one):**

- Individual (\$25 per year)  
 Family (\$35 per year) Names of other family members: \_\_\_\_\_  
 Non-profit organisation (\$40 per year)  
 Concession (\$20 per year)  
 Corporation (\$50 per year)

Membership fee amount: \$

**Mailing type for newsletter:**

- Post my hardcopy newsletter **AND/OR**  Email my .pdf format newsletter

**Donation:**

- I wish to make a donation to IFFA *Donation Amount:* \$

**Discount Subscription to Ecological Management & Restoration Journal**

- I wish to subscribe to EMR at the discount rate of \$70.40 (for calendar year 2011) incl. GST compared with \$93.50 incl GST for non-members. Personal subscriptions only. *EMR Amount:* \$

**Total:** \$

**Payment:**

- I enclose a cheque for \$ \_\_\_\_\_ (made out to "Indigenous Flora and Fauna Association Inc.")  
 I attach \$ \_\_\_\_\_ cash (but please do not send cash in the mail)

**Please send this form together with your cheque to:**

**IFFA Secretary,  
21 Harrison Street  
Brunswick East  
Victoria 3057**

**Membership Secretary's use only**

Date Received: \_\_\_\_\_

New membership

TransactionID: \_\_\_\_\_

Approved date: \_\_\_\_\_

Receipt sent: \_\_\_\_\_