

# MEMBERSHIP APPLICATION FORM



ESPERANCE WILDFLOWER SOCIETY (INC)  
**PO BOX 1138 ESPERANCE WA 6450**  
 Email: ESPwildflowersociety@dpaw.wa.gov.au

*Eucalyptus forrestiana*

I hereby acknowledge that the Esperance Wildflower Society does not provide insurance coverage for its Members, and I agree that my participation in Society activities is at my own risk ..... Signed by applicant

First Name of Applicant	
Last Name of Applicant	
Postal Address	
E mail address	
Home phone	
Mobile phone	
Work phone	
Emergency Contact Name and Phone number	
Allergies / Medical Conditions (for field trips)	

**Office use only:**
        Membership fees paid - Rec no.....
        Shire Volunteer form completed  
        Nomination Accepted by Committee
        DPaW Volunteer form completed