



NightEyes  
Water and Landcare Inc  
**MEMBERSHIP  
APPLICATION**



"Proudly Supported by the  
Sunshine Coast Council's Environment Levy".

**Name**

<i>Address</i>	
<i>Contact Numbers</i>  <i>Emergency Contact Name &amp; Number</i>	Home: _____ Mobile: _____
<i>Email</i>	
<i>If you wish to operate any Night Eyes equipment, please provide details of your Queensland Transport Licence</i>	Number: _____ Expiry Date: _____ / _____ /20
<i>If you wish to be part of the boat operation please indicate suitable day(s)</i>	M T W T F Any _____ (Please circle)
<i>Do you have any medical conditions we should be aware of?</i>	Yes No _____ (Please circle) If yes please give details
<i>Do you agree to the use of any photos of yourself for use in promotional material?</i>	Yes No _____ (Please circle)
<i>Your signature signifies your agreement to all operational conditions and rules of the association as imposed from time to time.</i>	Signature: _____  Date: _____ / _____ /20
<i>Membership \$10 Per Year</i>	\$ _____