

Loxton to Bookpurnong Local Action Planning

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APPLICATION FOR **FREE** MEMBERSHIP

Name(s):

Residential Address

.....

Postal Address

(if different from above)

.....

Home Phone Work Phone

Fax Mobile

Email

Areas of interest *(please tick all that are applicable)*

- | | |
|---|---|
| <input type="checkbox"/> Irrigation & Drainage | <input type="checkbox"/> Floodplains & Wetlands |
| <input type="checkbox"/> Flora & Fauna Conservation | <input type="checkbox"/> Community Education, Development and Awareness |
| <input type="checkbox"/> Water Quality | <input type="checkbox"/> Climate Change |
| <input type="checkbox"/> Recreational | <input type="checkbox"/> Monitoring in the Field |
| <input type="checkbox"/> Other | |

Do you have a particular project you believe should be run in the local area?

If yes, details

.....

I/we are keen to be hands-on involved with LBLAP Yes No

Please post my copy of the LAP Newsletter via: hardcopy email

Signed Date

Please return completed form to the Loxton to Bookpurnong Local Action Planning Committee as per the details at the top of this page.

