

## Membership Application for the Bunanyung Landscape Alliance

I wish to become a member of the Bunanyung Landscape Alliance and submit this application.

Name	
Address	
Email	Phone
Which of the following best describe	es you?
A member of an associated Landc group within the Bunanyung Landsca	care group or community-based natural resource managemen pe Alliance area;
	er of a Landcare group or community-based natural resource within the Bunanyung Landscape Alliance area;
A person who supports the purpose	es of the Bunanyung Landscape Alliance.
Group/organisation you are a memb	er of (if applicable)
Your Interest or your aspirations for t	the Alliance (comment)
I agree to comply with the constitu	tional Rules of the Bunanyung Landscape Alliance.
Signed	
Date	
Please return to: The Secretary, Buna	inyung Landscape Alliance,

Thank you for your application. It will be considered by the Board and you will be notified as soon as possible of the outcome.

bunanyunglandscapealliance@gmail.com