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## Southern ACT Catchment Group Inc. Membership Form

I, ..... (Individual or contact for group)

of ..... (group or property name) would like to become a member of the Southern ACT Catchment Group Inc. I am aware of and committed to the basic objectives of the organisation.

**Contact Number:**

**Email address:**

**Postal Address:**

**Name of Convenor (if different to contact):**

**Number of people in group:**

**Date formed:**

**Is your group registered with either the Park Care Program / TCCS Urban Parks Program.**

**Do you have a current approved workplan from either the Park Care Program / TCCS Urban Parks Program.**

***(There are a few more detailed questions at the end of the form)***

I declare that:

- The above information is correct.
- I agree to abide by the Constitution of the Southern ACT Catchment Group Inc.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Members receive:

- Newsletters bimonthly and information regularly
- Assistance with project development, administration, applying for grants and financial management.
- Access to free or discounted workshops, field trips, forums and events
- Informal knowledge sharing of experience, ideas and stories and cross-pollination of ideas between groups/landholders.
- Access to formal local and national representation and knowledge-sharing through Landcare ACT and the National Landcare Network.
- Opportunities to come together with rural landholders, urban conservation volunteers and Aboriginal interests.
- Access to expertise and capacity for specific issues
- Easy access to resources and equipment at no charge, (e.g., meeting rooms, weed control and revegetation equipment)

We are always keen to find new ways of supporting our members. If you have any suggestions for activities, projects, workshops, advocacy or support where you think SACTCG might be of assistance please contact the office.

While participating in Southern ACT Catchment Group activities members are covered by the Southern ACT Catchment Group's public liability insurance.

Information provided to the SACTCG will not be provided to a third party without member's consent.

**Map/ description of where your group works (feel free to add a page):**

**If an individual, your area of interest:**

**Additional information about you or your group, such as particular concerns or areas where you would like SACTCG assistance.**