



Membership Form

I hereby apply for new/renewed membership of MCRP Inc.

Mr/Mrs/Miss/Ms/Dr.....

Address.....

.....Post code.....

Phone (Work).....(Home).....

Email

Signed

Subscription Rates:

Individuals - \$20 per year. Families - \$25 per year.

Donations are also welcome.

Financial year ends on January 31

Payment details

Cash _____

Cheque _____ (Please make cheques payable to Marine Care Ricketts Point Inc.)

Direct Debit _____ (Please remember to include your name in the transfer transaction)

Bendigo Bank

Name: Marine Care Ricketts Point

BSB: 633000

Account Number: 118738418

Send this form and your payment to: The Treasurer, MCRP Inc., P.O. Box 7356, Beaumaris 3193