



Membership Form

I hereby apply for membership of MCRP Inc.

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

Address.....

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

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

Email

Signed

Subscription Rates:

Individuals - \$20 pa | Families - \$25 pa

Note: Financial year ends 31 January each year

Donations are also welcome. Please indicate amount here \$

Payment details:

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

Bendigo Bank
Name: Marine Care Ricketts Point
BSB: 633000
Account Number: 118738418

Cash ____

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

**Complete and send this form to the Treasurer, MCRP Inc at:
email: jjkimwright@hotmail.com; or
P.O. Box 7356, Beaumaris 3193**