



# Landcare Group Application Form

Groups defined as 'Landcare Groups' can become members of the Heytesbury & District Landcare Network (HDLN), subject to the Network's approval. Becoming a member of the HDLN means your group has voting rights at HDLN meetings, can access the HDLN's services and technical support, as well as funding opportunities including the Network's Expression of Interest process to get your group projects up and running. We encourage two representatives from your group to attend the HDLN monthly meetings.

## Is your group a 'Landcare group'?

Your group can only join the HDLN as a Landcare Group if it meets the following criteria (*please tick*);

- You are a voluntary group with unlimited membership
- You have insurance, and your group members pay a fee for insurance coverage during group activities
- You are an incorporated group
- You have a strong natural resource management focus
- You involve individuals doing work on their private property (as opposed to public land managers)
- You have defined geographical and/or social boundaries within the Network area

If your 'Landcare Group' wishes to become a member of the HDLN and you have discussed your intentions with a HDLN coordinator, please complete this form and return with \$22 (inc. GST) payment for annual membership fee to the **Heytesbury & District Landcare Network** via post: **PO Box 69, Timboon 3268**, or drop it into the Heytesbury & District Landcare Resource Centre at **Shop 1, 47 Main St. Timboon (next to the National Bank)**. *Cheques can be made payable to 'Heytesbury & District Landcare Network'.*

Your application form will be considered by the HDLN at the next Network meeting and you will be notified of the outcome ASAP. For further enquiries regarding Landcare or to discuss your application please contact the HDLN on **(03) 55 983 755**.

|   |                              |                             |  |
|---|------------------------------|-----------------------------|--|
| <b>GROUP/ORGANISATION NAME:</b>   |                              |                             |  |
| <b>CONTACT NAME(S):</b>   |                              |                             |  |
| <b>ADDRESS:</b>   |                              |                             |  |
| <b>PHONE No:</b>  |                              |                             |  |
| <b>FAX:</b>   |                              |                             |  |
| <b>E-MAIL:</b>  |                              |                             |  |
| <b>Would you like us to notify you of upcoming events and funding opportunities via e-mail?</b> | <input type="checkbox"/> YES | <input type="checkbox"/> NO |  |
| <b>SIGNATURES</b> (two signatures of group representatives are required)                        |                              |                             |  |
| <b>Signature:</b>   |                              | <b>Signature:</b>           |  |
| <b>Name:</b>  |                              | <b>Name:</b>                |  |
| <b>Position:</b>  |                              | <b>Position:</b>            |  |
| <b>Date:</b>  |                              | <b>Date:</b>                |  |

*Please keep a copy of this form for your own records. The HDLN can copy this form if requested.*