

**TAPP Take Action for the Pumicestone Passage Inc.**

*Caloundra Electorate Community Awards 2016 Environment Contributor of the Year*

www.TakeActionPumicestonePassage.com.au

contact@takeactionpumicestonepassage.com.au

*Take action to protect the Pumicestone Passage by joining as a member or donating to TAPP.*

*TAPP are concerned members of the community who want to ensure the greatest care is taken of this precious natural resource, the Pumicestone Passage. We meet at the Powerboat Club at 3pm on the first Tuesday of each month. Participation in group activities is completely up to your energy and interest, with some members active at every work bee, some attending meetings and others simply providing moral and financial support and keeping up to date reading the monthly reports.*

The yearly TAPP membership fee is $20 a year or $10 for full time students. We also welcome donations to help pay for materials used in our various projects

**Membership Application/Renewal**

Title \_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential or Postal Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (Mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (Other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment can be as cash, cheque or direct deposit to our bank, Bendigo Bank BSB: - 633000

A/C No: - 142855311 A/C Name: - TAPP Inc. (Take Action for Pumicestone Passage)

Please complete and scan or photograph and email to contact@takeactionpumicestonepassage.com.au

Details of Payment (please tick) Membership ($20)

Student Membership ($10)

Donation (Please Specify Amount) $ \_\_\_\_\_\_\_\_

TOTAL $ \_\_\_\_\_\_\_\_

*I confirm that I am over 18 years of age and agree with the objectives of TAPP, and understand TAPP has public liability insurance.*

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_