

MEMBERSHIP FORM

To: **The Rottnest Society**
P.O. Box 418
CLAREMONT WA 6010

I wish to be a member of The Rottnest Society. I enclose my annual subscription:

- Student/Pensioner \$10.00 p.a.**
Or \$25 for 3 yrs
Regular/Family.....\$20.00 p.a.
Or \$50 for 3 yrs

I do not wish to be a member but I enclose a donation of \$_____

Name:(Miss/Mrs/Ms/Mr/Family).....

Address:.....Postcode.....

Telephone:.....

Fax.....

Email:.....

Date.....

Signature:.....