



**Eden Killer Whale Museum Management Committee Incorporated**  
**Membership Application**

**All applicants must complete Section 1 and Section 2.**

**If you also wish to become a volunteer, complete Section 3.**

PLEASE USE BLOCK LETTERS

**SECTION 1**

**PERSONAL DETAILS**

Last Name  Title  First Name(s)

Date of Birth  Preferred Name

Street

Town  State  P/Code

Phone Number  Mobile Phone Number

E-Mail

Emergency Contact: Name  Phone Number

Referee 1. Name  Phone Number

Referee 2. Name  Phone Number

**SECTION 2**

**MEMBERSHIP CATEGORY**

Full Membership	<input type="checkbox"/>	\$15.00
Full Membership (Concession)	<input type="checkbox"/>	\$10.00
Friends	<input type="checkbox"/>	\$5.00

Proposed by: Name  Signed:  Date:

Seconded by: Name  Signed:  Date:

*I agree that if elected to the Eden Killer Whale Museum Management Committee Incorporated, I will comply with the rules and by-laws in force from time to time. I acknowledge that membership fees are payable annually by September 30<sup>th</sup>.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**If you also wish to become a volunteer, complete Section 3 (over page).**

**SECTION 3**

**VOLUNTEER INFORMATION**

Please state what special skills you may have which may help the EKWM.

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What aspects of the EKWM interest you most?

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**Available time and days available:**

Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
AM		AM		AM		AM		AM		AM		AM	
PM		PM		PM		PM		PM		PM		PM	

**Tick the areas you would like to volunteer in:**

- Executive Panel
- Volunteers Manager
- Guiding
- Collection Management Assistance
- Conservation
- Digitisation
- Library
- Research
- Exhibitions and Events
- Publicity, Promotions
- Maintenance
- Flag mast Monitoring
- Newsletter
- Grants and Funding
- Friends of the Museum

**Any relevant medical conditions or physical limitations, which may affect your ability in volunteering.**

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**Ability to speak another language (please specify)**

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