



THE RICHMOND BIRDWING RECOVERY NETWORK INC.

MEMBERSHIP APPLICATION

Name: _____

Address: _____

_____ Post Code _____

Email: _____ Phone: _____

Nominated by _____

Seconded by _____

(Financial Member)

Payment of \$10 is enclosed for yearly membership (July-June). Date: _____

Please make cheque or money order payable to Richmond Birdwing Recovery Network.

Total enclosed: \$.....

Please mail to: **Richmond Birdwing Recovery Network
P.O. Box 855, Kenmore, Qld 4069.**

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