

**THE RICHMOND BIRD WING RECOVERY NETWORK MEMBERSHIP
RENEWAL/APPLICATION FOR NEW MEMBERSHIP**

Name:.....
Address:.....
..... Post Code:.....
Email:.....Phone:

Payment of \$10 is enclosed for yearly membership
(July-June).
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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**'Conservation of Birdwing Butterflies'
Edited by Don Sands and Sue Scott**

I would like to purchase copies of the above
book.

Payment of \$20 per copy plus \$2.80 postage, by
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