


Friends of South Solitary Island Lighthouse (FOSSIL) Membership Form

MEMBER DETAILS

First Name: _____
Last Name: _____
Date of Birth: _____
Mobile Number: _____
Email Address: _____



 Friends of South Solitary
Island Lighthouse

EMERGENCY CONTACT DETAILS

Name: _____
Relationship: _____
Contact Phone: _____

RESIDENTIAL/POSTAL ADDRESS

Residential Address: _____
Town/State: _____ Postcode: _____
Postal Address: _____
Town/State: _____ Postcode: _____

JOB PREFERENCES

- Painting
- Carpentry
- Plastering / Concreting
- Weed Control
- Cooking / General Cleaning
- Administration / Logistics
- Other (outline below)

What skills or experience could you offer for use on South Solitary Island or as administration of Friends of South Solitary Island Lighthouse?

I wish to be enrolled as a Member of The Friends of South Solitary Island Lighthouse Incorporated (ABN 16 731 632 877).

Signature: _____

Please return to PO Box 961, Coffs Harbour NSW 2450 or email fossil2450@hotmail.com

Please also deposit \$18 membership fee to Westpac Bank Account 032-585 23-1408 and provide your name as the transaction reference to complete your membership