

Expression of Interest in Membership Dry Tropics Partnership for Healthy Waters

To express your interest in becoming a Partner member, please complete this form and send to eo@drytropicshealthywaters.org. Your interest will be reviewed by our Management Committee.

Name of organisation or group: _____

Address of organisation in local region: _____

Link to organisation website or description: _____

Name and position of primary contact: _____

Email and phone of primary contact: _____

Brief statement of motivation for joining:

Member Tier	Organisation Type	Contribution
Tier 1	Community group Traditional Owner group	\$50 minimum
Tier 2	Small company Industry body	\$1,000 - \$5,000 in cash or in-kind
Tier 3	Regional NRM Medium-sized company	\$5,000 - \$10,000 in cash or in-kind
Tier 4	Large business Government agency — all levels Government owned corporation Research organisation or university Large utility	\$10,000 or more in cash or in-kind

If any part of your organisation's contribution is likely to be in-kind, please suggest details here:

Each Partner must nominate a representative to attend and contribute to Partnership meetings three times in each calendar year.

Yes, a nominated representative will attend Partnership meetings as required.

The nominated representative will be myself, the primary contact.

The nominated representative is yet to be determined.

**Please send this completed form to eo@drytropicshealthywaters.org
Thanks for your interest. We look forward to connecting.**

