

  
**S H O A L H A V E N**  
**R I V E R W A T C H**

  
**APPLICATION FOR NEW MEMBERSHIP**

I, \_\_\_\_\_  
(Full name)

of, \_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Email Address)

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_  
(Contact Phone)

**hereby apply to become a new member of Shoalhaven Riverwatch. In the event of my admission as a member, I agree to be bound by the rules of Riverwatch.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***Goal***

*To achieve improvements in, and the maintenance of, the health of the Shoalhaven River, its estuaries and environment.*

***Objectives***

*To ensure long term planning by authorities to improve and maintain the health of the River.  
To achieve an environmental balance between the various users of the River*

***Strategies***

*Representation from organisations, as well as citizens, who have commercial, recreational and environmental interests of the River.*

*Participate in the decision making process with authorities and industries which directly, or indirectly, impact on the River and the river environment.*

*Monitor the impact of industries, development and recreational activities on the River and river environment.*

*Participate in, and seek funding for, river restoration and maintenance activities to improve the health of the River.*

*Organise social events and release press statements to improve the community awareness of river issues.*

Please scan or email form to shoalhavenriverwatch@gmail.com or  
mail to PO BOX 1510, Nowra, NSW, 2541

Note: Membership is free once the new member is approved by the Committee.  
Donation to Riverwatch are always welcomed.