Open Gardens Canberra Inc Membership Renewal Form 2016-17

(one for each person please)

		<u> </u>		1	•	-			
Title (please circle):		Ms	Mrs	Miss	Mr	Dr		Other:	
First name (required):									
Surname (required):									
Date of birth:									
Address (required):									
						F	Po	st Code:	
Phone:				Mo	bile:				
Email:									
Website (if relevant):									
Qualifications (if relevan		nt):							
Occupation (if relevant):									
Special garden interests:		s:							
l can help Open Gardens Canberra by:								mbership fees are now due: \$25 to 31 August 2017.	
(opening my garden			You can pay by:					
helping at an open gar			len Cash (at an open garden)						
selecting gardens								e payable to Open Gardens rra Inc. Please send cheque with	
publicity						this form to: Membership Officer Open Gardens Canberra Inc			
social media									
distributing flyers					PO Box 344				
6	admin		Jamison Centre ACT 2614						
other:			Direct bank transfer to BSB 633 000, Account No 155187628, Account Name						
				_		Dper	n G	Gardens Canberra Incorporated.	
								se include your name so we know have paid.	
						Pl	ea	se mail this form to the address	
				above or email to membership@ opengardenscanberra.org.au					
Signadu									
Signed:									
Date:									