**Application for New membership**

**(one for each person please)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title (please select) | | Ms Mrs Miss Mr Dr Other: | | | | | |
| First name (required) | |  | | | | | |
| Surname (required) | |  | | | | | |
| Address (required) | | Street | | | | | |
| Suburb | | | | State | Postcode |
| Phone |  | | | | Mobile |  | |
| Email |  | | | | | | |
| Website (if relevant) | | |  | | | | |
| Qualifications (if relevant) | | |  | | | | |
| Occupation (if relevant) | | |  | | | | |
| Special garden interests | | |  | | | | |
|  | | | |  | | | |
| **I can help Open Gardens**  **Canberra by:** | | | | **Annual membership fee is $25.00**  You can pay by: | | | |
| Opening my garden  Helping at an open garden  Selecting gardens  Publicity  Social media  Distributing flyers  Admin  Other: | | | | Cash (at an open garden or other event)  Cheque payable to Open Gardens Canberra Inc.  Please send cheque with this form to:  Membership Officer  Open Gardens Canberra Inc.  PO Box 344  Jamison Centre ACT 2614  Direct bank transfer to:  BSB: 633000  Account No.: 155187628  Account Name: Open Gardens Canberra Inc  Reference: Include your name  Mail this form to the address above or email to treasurer@opengardenscanberra.org.au | | | |

**Consent:** I agree to support the objects of Open Gardens Canberra Inc and to abide by the association’s Rules. (The Rules of the association which includes the objects can be found at www.opengardenscanberra.org.au.)

**Signed: ………………………………………………………**

**Date:**   **/**  **/**