

Application for New membership

(one for each person please)

Title (please select)		<input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> 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:

- ☐ Opening my garden
- ☐ Helping at an open garden
- ☐ Selecting gardens
- ☐ Publicity
- ☐ Social media
- ☐ Distributing flyers
- ☐ Admin
- ☐ Other:

Annual membership fee is \$25.00

You can pay by:

- ☐ 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: / /