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**Application for New membership**

**(one for each person please)**

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| --- | --- |
| 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 nameMail 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:**   **/**  **/**