



# Application for New Membership

(one for each person please)

Title (please circle)	Ms Mrs Miss Mr Dr Other:		
First name (required)			
Surname (required)			
Address (required)	Street		
	Suburb	State	Postcode
Phone		Mobile	
Email			

**I can help Open Gardens Canberra by:**

- Opening my garden
- Helping at an open garden
- Assist with administration
- Assist with the newsletter
- Join the committee

**Annual membership fee is \$30.00**

You can pay by:

- 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](mailto: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](http://www.opengardenscanberra.org.au).)

**Signed:** .....

**Date:** / /