



MEMBERSHIP APPLICATION FORM

I wish to become a member of, and agree to abide by the rules of,
the Coffs Regional Community Gardens Association Inc:

First Name: _____

Last Name: _____

Postal Address: _____

Phone Number: _____

Email: _____

Annual Membership Fees:

- Individual - \$5
- Family - \$10
- Community Organisation - \$100
- Business or Government agency - \$150
- Annual plot rental (optional, when available): 2.4m x 1.5m - \$60

All fees are due on the 1st of July each year.

Payment Type:

- Cash
- Direct Deposit (Reference: Your surname)

Account Name: Coffs Regional Community Gardens Association Inc
BSB: 533 000 Account Number: 218347 – S11 (that's the letter S, not 5)

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date application received: ___/___/___ Plot Number: _____

Committee Member's Signature: _____