



# APPLICATION for MEMBERSHIP of "THE FRIENDS"

of the North Coast Regional Botanic Gardens,  
Incorporated (Incorporation Act 2009)

I, .....

[full name of applicant]

of .....

[address]

Phone.....Mobile.....

Email Address.....

Emergency Contact.....

I hereby apply to become a member of the above named incorporated Friends. In the event of my admission as a member, I agree to be bound by the constitution of the Friends for the time being in force.

.....  
Signature of applicant Date

## Volunteering

I am willing to volunteer? Yes  No

### Please Tick

Shop  Café  Guiding  Working Bees  Nursery

**You will be contacted by the Friends Volunteers Coordinator after completion of this application**

## Membership Category

## Please Tick

|                      |             |
|----------------------|-------------|
| Membership: Ordinary | \$10.....   |
| Family               | \$15.....   |
| Junior               | \$5.00..... |
| Concession           | \$5.00..... |
| Institutional        | \$35.....   |

Receipt Number: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **IMPORTANT:**

Membership subscriptions become due on 01/07 of each year and are payable by 1/10 of that year in order to be covered by the Friend's insurance policy.

**Foundation Fund of the Friends of the North Coast Regional Botanic Gardens**

The Friends invite you to make a donation to the Foundation Fund.

**Method of Payment**

Cheque: payable to The Friends of the North Coast Regional Botanic Garden

Direct Deposit: Donors name is entered in description field of your bank web page.

BSB: 533-000 Account No. :44642-S11

Credit Card : Mastercard/VISA (please circle)

Card Number: \_\_\_\_\_ Expiry Date: /

Cardholder's Name: ..... Cardholder's Signature.....

Donation Amount \$.....

Donations can be made at the Information Centre/Shop or mailed to:

The Treasurer,  
Friends of the North Coast Regional Botanic Garden  
PO Box 648  
Coffs Harbour NSW 2450

I, .....

[full name]

a member of the Friends, nominates the applicant for membership of the Friends.

.....  
Signature of nominator Date

I, .....

[full name]

a member of the Friends, seconds the nomination of the applicant for membership of the Friends.

.....  
Signature of second nominator Date

**Administration Use Only**

Date passed.....Joining fee and Annual Subs paid & date.....

Signature.....

Please note the information enclosed in this application will only be shared with other members of the Friends for the purpose of conducting the Friends business.

