

THE FRIENDS OF THE NORTH COAST
REGIONAL BOTANIC GARDEN Inc

MEMBERSHIP FORM – 2019/20

Name: _____

Address: _____

Postcode: _____

Phone: _____

Email: _____

Membership:	Ordinary	\$10
	Family	\$15
	Junior	\$5
	Concession	\$5
	*Institutional	\$35

Receipt Number: _____ Date: ____/____/____

IMPORTANT:

Membership subscriptions become due on 01/07 each year and payable by 30/09 of that year in order to be covered by the Friends' insurance policy.
*Insurance coverage does not apply - see above.

Subscriptions or donations may be left at the Information Centre/Shop or send to:

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

Willing to volunteer? Yes No

If volunteering now what area are you in?

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