

The Friends of the North Coast Regional Botanic Garden

MEMBERSHIP APPLICATION
and **VOLUNTEER REGISTRATION**



TICK ONE: **New Membership** or **Renewal of Membership**

FULL NAME: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

I agree to abide by the Constitution and Code of Conduct of the Friends of the North Coast Regional Botanic Garden. If I also choose to volunteer at the botanic garden I also agree to abide by the health and safety requirements for volunteers.

Signed: _____ Date: _____

MEMBERSHIP FEE: \$10 Payment Option:

1. Tick here: **IF membership fee paid at the garden shop.** Date Paid: _____
[Initialled by shop volunteer taking payment]:

2. Tick here: **IF membership fee paid by direct bank transfer**
Pay to: 'Friends of the Botanic Garden' BSB 533-000 Account Number: 328 322 72
Write surname in bank transfer Reference. Email form to coffsbotanicgarden@gmail.com

TICK ONE: **Membership Only** OR **Plus Volunteer Registration**

FOR VOLUNTEER REGISTRATION - ADDITIONAL INFORMATION NEEDED

YOUR EMERGENCY CONTACT PERSON (Who to inform in case of an emergency?)

NAME: _____

RELATIONSHIP TO YOU: _____ PHONE: _____

Do you have any allergies or medical conditions you wish to advise in the case of an emergency?
(This information is only accessed by a work area supervisor when needed)

TYPE OF VOLUNTEER WORK PREFERRED Please Circle one or more areas of interest:

Information Centre and Shop Garden Maintenance Plant Nursery Guiding

Education & Communications General Administration Other? (please specify)