Manjimup Community Garden MEMBERSHIP FORM



■ Summer

Autumn

Welcome to the Garden!

Please fill in this form and submit it, after reading the 'Membership Pleage'.

Your Details: Name:					
Postal Address:					
Telephone(s):					
Email:					
ear of Birth: Gender Identity:					
Optional Information (we woul Do you identify as Aboriginal of			ot compu	··· —	
Do you speak a language other than English at home?			☐ Yes	No	
If yes, which language?					
Do you identify as having a dis	sability?		☐ Yes	No	
If yes, please let us know how	we can assist you:				
Membership Agreement: By joining the Manjimup Community Garden you are agreeing: ✓ to the terms and conditions in the "Membership Pledge"; and ✓ to be subscribed to our email newsletter.				50% off if joining before 30 November 2016 Pay only \$10 for	
Signature:	Date:			your first year!	
Payment by Electronic Funds 1 Please record your payment re		=	-		
Account Name: BSB: Account no:	Manjimup Co 036 126 171 395	ommunity Garden			
Your Electronic Payment Reference (eg. "Join - John D Smith")		Date Electr	Date Electronic Payment Made		
(10)	-	\$20 \$10 paid on			
Payment by Cheque - \$20 \$10 Membership Fee for the first year Please complete this form and post it to us with your cheque made to: "Manjimup Community Garden".			D:	Office Use Only Member No: Winter	
Our Postal and Email Address:				☐ Spring	

Manjimup Community Garden

facebook