

# Membership Application Form

Please complete this form if you wish to become a member of the Gray Community Garden. All fees are invested in the on-going development and improvement of the Garden for the community. Membership is paid annually and is due on June 30<sup>th</sup>. There is no pro rata option for fees paid and fees are non-refundable. One form must be completed for each adult member/family, if applicable please include your children's names on your form. Only one form is required for family memberships.

## Your details

<b>Name</b>	
<b>Suburb</b>	
<b>Contact Phone</b>	
<b>Email</b>	
<b>Children's names</b>	
<b>Emergency Contact</b>	

## Choose your membership

<b>Individual</b>	\$10 annual membership fee	Total \$
<b>Family</b>	\$20 annual membership fee (for households with more than two)	Total \$
<b>Business</b>	\$50 annual membership fee (limited number available)	Total \$
<b>Concession</b>	\$5 annual membership fee (proof of concession required)	Total \$

## Payment options

Cash/Cheque/EFT

Gray Community Garden

BSB: 663000

A/C: 155717606

## Gray Community Garden Photo Permission

*I hereby grant to Gray Community Garden, its Garden Committee, and designated agents and assigns, the right to photograph me at the garden and at garden events and to use the photos for publication purposes, whether electronic, print, digital or electronic publishing via the Internet.\**

Gardener signature: \_\_\_\_\_ Date: \_\_\_\_\_

My children (if applicable) may also be photographed Yes No

\* this permission is not compulsory but will help us promote the garden

**Are you interested in a garden plot?**

As there are a limited number of plots available, applicants will need to complete a separate application form and a waiting list may apply. You must be a member of the garden and only one garden plot is permitted per household or group.

**If you wish to have a plot please request a Plot Application Form.**

**Your skills**

Do you have any prior gardening experience? Yes No

*New gardener*, would you like an experienced gardener to help you? Yes No

*Experienced gardener*, would you like to help a new gardener? Yes No

What skills, knowledge and experience could you contribute to the Garden?


What activities would you like to be involved with at the Community Garden?


Which days would be your preferred to attend garden working bees/meetings?  
Please circle. Mon Tues Wed Thurs Fri Sat Sun

**The Gardener's Pledge**

*I have read, understand and agree to adhere to the Gray Community Garden Rules and vision.*

<b>Name (please print)</b>	
<b>Signature</b>	
<b>Date</b>	

*Please return your completed form to a Gray Community Garden Committee Member.*

**Committee Use only**

Approved by (two committee members must approve) \_\_\_\_\_ & \_\_\_\_\_

Date \_\_\_\_\_ Paid No Yes Receipt # \_\_\_\_\_