



2017 MEMBERSHIP New/Renewal FORM

ABN 66 133 016 528

Fax to: International +61-8-8222 9399 Australia (08) 8222 9399	Post to: Membership Friends of the Botanic Gardens of Adelaide Botanic Garden of Adelaide North Terrace, Adelaide SA 5000, Australia Ph 8222 9367
Date:	

Membership details: MembNo (or NEW).....

Name: **Name(2)**.....

Mobile: **Ph**.....

Address:

Email:

Annual Membership subscription (please circle amount):	Aus\$	Age Group
Single.....	\$45.00	<input type="checkbox"/> 18-35
Single Concession <i>pensioner, student, unemployed</i>	\$40.00	<input type="checkbox"/> 36-45
Joint 2 adults, same mailing address.....	\$50.00	<input type="checkbox"/> 46-55
Joint Concession as single conc. 2 adults same address	\$45.00	<input type="checkbox"/> 56-65
Family 2 adults, children under 16.....	\$55.00	<input type="checkbox"/> 66-75
Institution.....	\$60.00	<input type="checkbox"/> 76-84
I wish to make a DONATION of.....	\$.....	<input type="checkbox"/> Over 85
<i>All Donations are Tax Deductible</i>		
Send my Newsletter BY EMAIL <input type="checkbox"/>	TOTAL	
DON'T SEND my Newsletter by email <input type="checkbox"/>	\$.....	
I am interested in becoming a VOLUNTEER <input type="checkbox"/> (please specify)		

Payment Type: Credit Card/Cheque/Money Order/ FBGA Account Direct Payment/ Cash

Direct Payment into FBGA Bank Account:

BSB: **105157** Account No: **586057340**

Bank's Reference: *New Member* : New Member, Full Name

Renewal : Member No, Full Name

Please charge to my Credit Card

Credit Card: Mastercard /VISA (please circle)

Card Number: _____ Expiry date: ____ / ____

Cardholder's name: Cardholder's signature:

Cheque: payable to: Friends of the Botanic Gardens of Adelaide.

Please return Completed Membership Form with Details to FBGA Office either by scan to friendsabg@internode.on.net or by post to above address.