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| **FBGALogoThe Friends of the Botanic Gardens of Adelaide Inc.**  **2022 MEMBERSHIP FORM**ABN 66 133 016 528

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| **Annual Membership subscription** (*please circle amount*):Single…………………………………………….…………….…….….……. Single Concession *pensioner, student, unemployed*…..………….…….Joint *2 adults, same mailing address*…………………………….….……. Joint Concession *2 adults same mailing address………………............* Family *2 adults, children under 18*………………………….….………….. Institution………………………………………..………….….……..…….... I wish to make a **DONATION** of……………………………….…….……..***All Donations are Tax Deductible*** |  **Aus$** $45.00 $40.00 $50.00 $45.00 $55.00 $60.00 $…..... **TOTAL** $…….  | **Age Group**🞏 18-35 🞏 36-49 🞏 50-65🞏 66-75 🞏 Over 75 |

**Membership details: MembNo**  Or NEW**Name/s** **Phone** **Mobile** **Address** **Email** To save on postage please send my Newsletter & information **BY EMAIL** 🞏I am interested in becoming **a VOLUNTEER** *(Volunteer information will be emailed)* 🞏**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:*** Member No, Full Name 🞏 **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*** *to FBGA Office* Post to: Membership, Friends of the Botanic Gardens of Adelaide, Adelaide Botanic Garden, North Tce, Adelaide SA 5000**or**Scan to:*friendsabg@internode.on.net* Fax to**:** (08) 8222 9399***Office:*** Ph:08 8222 9367, Email: *friendsabg@internode.on.net**, Web:* [*www.friendsbgadelaide.com*](http://www.friendsbgadelaide.com)***2022 Membership Card will be mailed with the next Gazette.***  |