

The Friends of the Botanic Gardens of Adelaide Inc.

MEMBERSHIP APPLICATION FORM (print to fax or post)
IT IS NOT WISE TO SEND CREDIT CARD DETAILS BY EMAIL.

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

NEW Membership details:

Title: Mr Mrs Miss Ms Prof Dr (please circle)

Surname: _____ Given name/s _____

Mailing address: _____

Telephone: _____

Email: _____

Preferred name/s for membership card/s _____

2 cards for joint and family memberships

Occupation (or former occupation if retired) _____

I wish to give a gift membership:

GIVER's details:

Title: Mr Mrs Miss Ms Prof Dr (please circle)

Surname: _____

Given name/s _____

Telephone _____

Mailing address: _____

Email _____

Annual Membership subscription (all prices in Australian dollars):		Age Group
Single.....	\$40.00	<input type="checkbox"/> 18-35
Single Concession <i>pensioner, student, unemployed</i>	\$35.00	<input type="checkbox"/> 36-45
Joint 2 adults, same mailing address.....	\$45.00	<input type="checkbox"/> 46-55
Joint Concession as single conc. 2 adults same address	\$40.00	<input type="checkbox"/> 56-65
Family 2 adults, children under 16.....	\$50.00	<input type="checkbox"/> 66-75
Institution.....	\$55.00	<input type="checkbox"/> Over 75
I wish to make a donation of.....	\$.....	
	TOTAL	
	\$	

I am interested in becoming a Volunteer (please specify)

Payment Type Credit Card/Cheque

Please charge to my credit card

Credit card: Bankcard Mastercard VISA (please circle)

Card Number: _____ Expiry date: /

Cardholder's name: _____

Cardholder's signature: _____