

MEMBERSHIP APPLICATION FORM (print to fax or post)

IT IS NOT WISE TO SEND CREDIT CARD DETAILS BY EMAIL.

<p>Fax to: International +61-8-8222 9399 Australia (08) 8222 9399</p> <p>Date:</p>	<p>Post to: Membership Secretary Friends of the Botanic Gardens of Adelaide Botanic Gardens of Adelaide North Terrace Adelaide SA 5000, Australia</p>
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NEW Membership details:

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

Surname: Given name/s.....

Mailing address: Telephone:.....

Email:.....

Preferred name for membership card.....

2nd Name for joint & 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.....	\$.....	
All donations are Tax Deductible		
	TOTAL	
I am interested in becoming a Volunteer <input type="checkbox"/> (please specify)	\$	

Payment Type: Credit Card/Cheque/Money Order

Please charge to my Credit Card

Credit Card: Mastercard /VISA (please circle)

Card Number: _____ Expiry date: /

Cardholder's name: Cardholder's signature: