



## APPLICATION FOR MEMBERSHIP OF ASSOCIATION

### Como West Community Garden Incorporated

(incorporated under the Associations Incorporation Act 2009)

I, .....

[print applicant name]

of .....

[address]

hereby apply for membership of the above named incorporated association. In the event of my admission as a member, I agree to be bound by the constitution of the association and agree to the principles regarding social conduct, garden operation, and health and safety outlined in the Como West Community Garden management plan. I accept that I am responsible for my own safety whenever I participate in activities supported by Como West Community Garden (CWCG).

.....  
[signature]

.....  
[date]

Annual Membership fees cover the financial year and are renewed in July. New members joining after 31<sup>st</sup> December receive a 50 % reduction in annual fees. There is a one-off additional \$1 joining fee to be paid on submission of this form for each individual adult member.

Please tick whichever is applicable:

- Individual membership - \$50 per annum
- Family membership - \$75 per annum

.....  
.....  
[list additional family members names]

- Concession membership - \$25 per annum (at discretion of committee)

**Please note each adult member on a Family membership wishing to hold individual voting rights must complete a separate form and pay an additional \$1 joining fee.**



## ADDITIONAL INFORMATION

Telephone numbers

home ..... work .....

mobile ..... email .....

Contact telephone number and name of a family member or friend

.....  
Age

<16 / 16-25 / 26-35 / 36-45 / 46-55 / 56-65 / 66-75 / >75

Occupation

.....  
Do you have any prior gardening experience?

.....  
Do you have any special physical needs in order to use, or that may affect your use of the garden?

.....  
When would you be able to attend garden working bees / meetings?

- Morning                       Afternoon                       Evening  
 Mon       Tues       Wed       Thur       Fri       Sat       Sun

Please tick if you agree to the following:

- I agree to the CWCG contacting me by e-mail  
 I agree to my e-mail address being provided to all members of the CWCG