

**APPLICANT INFORMATION**

Name:	Mobile:
Email Address:	
Address:	Post Code:
<b>Facebook:</b> are you a member? <b>Yes / No</b> Please Circle Our group is called <b>Sustainable Macleod</b> This is the way we share information between monthly newsletters.	

**2<sup>ND</sup> APPLICANT INFORMATION (IF JOINT MEMBERSHIP)**

Name:	Mobile:
Email Address:	
Children names:	

**COMMUNITY GARDEN MEMBERSHIP FEES (PER ANNUM) MEMBERSHIP YEAR ENDS 31 DECEMBER, \_\_\_\_\_**

This Yearly Fee is to enable the community garden management group to cover the cost of running the community garden. You will be covered by insurance while participating.

- \$25 Yearly Single Membership – includes Free entry to most workshops during the year.
- \$50 Yearly Joint Membership (2 people living at the same address, Children Free)

**If you have any relevant special interests that you are willing to share with our members please list them here :-**

**SIGNATURES, PLEASE SIGN BELOW.**

I hereby apply to become a member of Sustainable Macleod Inc. and the Macleod Organic Community Garden. I understand that I/we am/are expected to read and comply with the Code of Conduct and rules of our association.

Signature of applicant:	Date:
Signature of 2 <sup>nd</sup> applicant <i>(only if for a joint membership):</i>	Date:

Please pass the completed form and money to Robin, Paul or Chris at the next Vegie Swap 3<sup>rd</sup> Saturday each month at the rotunda 11-12 or at the Macleod Organic Community Garden on Wednesdays or Saturdays 1pm to 4pm, or Email, Post or Deliver to:- Sustainable Macleod Inc, 5 Fairlie Ave, Macleod or hand to Robin, Paul or Chris at the garden. Further Info or email completed forms to Sustainablemacleod@gmail.com

Payment \$\_\_\_\_\_ Cash enclosed or  Sent to Bank 633 000 account 153 226 782 ref: MshipYourName

**Note:**

**The association will endeavor to provide value with fresh produce, seedlings, training, workshops ect. that will easily cover your membership fee, please see the pamphlet "Members Benefits" for more information.**

**Membership is on a yearly basis ending December 31 if joining Sept-Dec it will expire the next year.**

Form processed, \_\_\_\_\_ Membership numbers \_\_\_\_\_ Checked \_\_\_\_\_

# Emergency Information for Sustainable Macleod Inc.

**For First Member listed.**            **Name** \_\_\_\_\_

Next of Kin or Person to notify in case of accident.

Name \_\_\_\_\_ Mobile \_\_\_\_\_

Name \_\_\_\_\_ Mobile \_\_\_\_\_

Any other information you would like us to have on hand

---

---

---

Signed \_\_\_\_\_ Date \_\_\_\_\_

**For Second Member listed.**            **Name** \_\_\_\_\_

Next of Kin or Person to notify in case of accident.

Name \_\_\_\_\_ Mobile \_\_\_\_\_

Name \_\_\_\_\_ Mobile \_\_\_\_\_

Any other information you would like us to have on hand

---

---

---

Signed \_\_\_\_\_ Date \_\_\_\_\_