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| <p><b>Membership &amp; Fees:</b></p> <ul style="list-style-type: none"> <li>• <b>Individual:</b> Full <input type="checkbox"/> \$15<br/>                               Concession <input type="checkbox"/> \$10</li> <li>• <b>Family:</b> Full <input type="checkbox"/> \$15<br/>                               Concession <input type="checkbox"/> \$10</li> </ul> | <p><i>Concession fees are available to individuals who are Government Healthcare Card holders, Concession Card-holders or full-time students and to families when <b>both adults</b> are concession card-holders. Supporting <b>evidence</b> must be provided (refer back of this Form).</i></p> <p><i>A Family membership comprises two adults in the same household at the same address.</i></p> |
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**Member details:**

**Adult 1** (First name)..... (Surname).....  
**(Primary Contact)**

E-mail: .....

**Adult 2:** (First name)..... (Surname) .....

E-mail: .....

Postal Address: .....Postcode: .....

Telephone: Home.....Mobile (*Primary Contact*): .....

**Privacy:** COGS collects and uses your personal information for membership and plot allocation administration, magazine delivery, and to provide you with information. We will not disclose your data to external parties without your consent.

**Volunteer work:** COGS is a volunteer organisation and relies on volunteers for its continued operation. In which areas would you be prepared to volunteer time and skills?.....

**Community Garden – Expression of Interest:** Which garden(s) do you have an interest in as a plot-holder applicant?

1. .... 2. ....

**COGS Magazine:** The *Canberra Organic* magazine is **emailed** each quarter **unless** you request posting here:  Please post

**Membership agreement and signatures:**

I/we agree to comply with the Constitution of the Society, including the General Community Garden Rules.

**Adult 1:**.....Date...../...../.....  
                   (signature)

**Adult 2 :**.....Date...../...../.....  
                   (signature)

**Payment details:**

Please **email** your completed, signed application, including payment details as set out below (scanned as an attachment).to: [members@cogs.asn.au](mailto:members@cogs.asn.au) or, post to: Membership Secretary, Canberra Organic Growers Society PO Box 347 DICKSON ACT 2602

**Direct deposit** is the preferred payment method. A payment receipt must be attached to your application.

A/c Name: Canberra Organic Growers Society Inc                      Westpac Bank, Petrie Plaza, Canberra  
                   BSB 032-719    A/c number 291247  
                   Date:...../...../.....  
                   Reference (*Surname*).....

or, **Payment by cheque/money order to:** ‘Canberra Organic Growers Society’ or COGS’

**COGS Administration only:**

Membership No:..... Bank ID..... Receipt No : .....

## CONCESSION CARD

*Concession fees are available to individuals who are Government Healthcare Card holders, Concession Card-holders or full-time students and to families when **both adults** are concession card-holders. Supporting **evidence** must be provided (refer back of this Form).*

***PLEASE COPY YOUR CARD BELOW***

