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**MEMBERSHIP – 2020/2021**

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| --- |
|  |
| **Surname**:  | **Given Name**:  |
| **Company/Organisation (if applicable)**:  |
| **Address**:  | **Postcode**:  |
| **Postal Address:** | **Postcode:** |
| **Telephone**:  | **Mobile**:  |
| **Email**: |
| I support the purposes of the Mt Macedon & District Horticultural Society Inc. (as attached) |
| I agree to comply with the Rules of the Mt Macedon & District Horticultural Society Inc. |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**ANNUAL SUBSCRIPTION** |
| **Type of Membership** (please tick): |
|  | Individual ($35) |
|  | Associate Member (Child under 15 years) ($0)  |
|  | List names of child associate members |
|  |  |

**PAYMENT DETAILS** (payment is required on or before **1 December 2020**)

|  |  |  |
| --- | --- | --- |
| **Please quote**  | BSB – 033 624 | **Cheque made payable to:** |
|  | Account No: 640066Westpac | Mt Macedon and District Horticultural Society Inc.PO Box 30 Mt Macedon 3441 |
|  | Account Name: Mt Macedon and District Horticultural Society  |  |
| **Note:** | If paying by direct debit please quote your surname and initial. |
| **Please email completed form to:** rogerscrivener@bigpond.com **or post to the address above. Cash or cheque also payable at Speaker Evenings.** |

**PURPOSE**

The purpose of the Association is to promote horticulture through

* Education – by providing speakers, lecture series, workshops, garden visits and a horticultural library
* Social – by providing events for members and the wider community
* Cultural – by providing opportunities to experience the art of the garden and seeking to preserve the heritage of the Macedon Ranges and District gardens
* Provision of support and assistance to like-minded individuals and organisations