



**BOTANIC GARDENS AUSTRALIA AND NEW ZEALAND INC**

**ASSOCIATE** membership application  
(if membership renewal please fill in membership number)

Associate Membership is available to organizations other than Botanic Gardens that support the objects of the Association, such as Friends' groups.

**CONTACT DETAILS**

ORGANISATION NAME \_\_\_\_\_

\_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

\_\_\_\_\_

STATE \_\_\_\_\_ POSTCODE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

\_\_\_\_\_

STATE \_\_\_\_\_ POSTCODE \_\_\_\_\_

WEBSITE \_\_\_\_\_

**Nominated Representative**

Person authorized to vote on behalf of the Institution. All correspondence will be sent to this person.

FIRST NAME \_\_\_\_\_

SURNAME \_\_\_\_\_

POSITION \_\_\_\_\_

\_\_\_\_\_

TELEPHONE (W) \_\_\_\_\_

FACSIMILE \_\_\_\_\_

EMAIL \_\_\_\_\_

**MEMBERSHIP FEE**

Associate Membership **\$40**

**PAYMENT DETAILS**

Membership Number (renewals only) \_\_\_\_\_

Membership fee \$ \_\_\_\_\_

**Payment may be made via**

**Direct Deposit**

BSB: 082 980 Account: 59179 6265

(please include your membership number or organisation's name)

OR

**Credit Card** (Amex and Diners Club facility not available.)

Visa  Mastercard

CARD NUMBER \_\_\_\_\_

EXPIRY DATE \_\_\_\_\_

CARDHOLDER'S NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

OR

**Cheques/money orders** made payable to:  
Botanic Gardens Australia and New Zealand

**Send to: BGANZ Secretariat**

**GPO Box 1777, Canberra, ACT 2601**

A tax invoice/receipt will be issued after processing.

**Membership fees may be tax deductible (refer to your tax agent for details).**

**DECLARATION**

In applying to become a member of BGANZ Inc, we agree to subscribe to the objects of the Association and comply with the rules governing membership as shown in the Constitution.

The BGANZ Constitution is available on the website: [www.bganz.org](http://www.bganz.org) or from the Secretariat.

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_