



BOTANIC GARDENS AUSTRALIA AND NEW ZEALAND INC
INSTITUTIONAL membership application
(if membership renewal please fill in membership number)

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 CATEGORIES & FEES
(Where a public garden is operated by a local council, the subscription rates are based on the budget of the public garden NOT the local council.)

- Org 1 – less than \$250,000 pa \$ 125 pa
- Org 2 - \$250,000 - \$500,000 pa \$ 350 pa
- Org 3 - \$500,000 - \$1m pa \$ 700 pa
- Org 4 - \$1 m - \$2.5 m pa \$ 1500 pa
- Org 5 – more than \$2.5 m pa \$ 3000 pa

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 or from the Secretariat.

NAME _____

SIGNATURE _____

DATE _____