

MEMBERSHIP APPLICATION FORM

Card Holders Signature: _____

As a Society Member

You will.....

- ✿ Receive quarterly issues of the full colour periodical *Australian Plants* and the Society's informative newsletter *Native Plants for NSW*
- ✿ Learn more about Australian plants
- ✿ Receive information and advice on growing Australian Native plants
- ✿ Learn to recognise and name Australian plants
- ✿ Have the opportunity to meet people with similar interests through a District Group or Study Group
- ✿ Be able to join in conservation projects organised by District Groups
- ✿ Have the opportunity to participate in enjoyable activities such as bushwalks, garden visits, talks and planting projects organised by District Groups
- ✿ Receive up to 6 free packets of seeds a year from our extensive native seed bank
- ✿ Receive discounts at a variety of nurseries around NSW and Florilegium bookstore
- ✿ Have the opportunity to attend interesting conferences and meetings held around Australia



MEMBERSHIP TYPE: Please tick the appropriate box

	Annual Fee	Concession
Single	\$50 <input type="checkbox"/>	\$42 <input type="checkbox"/>
Joint (2+ at same address)	\$58 <input type="checkbox"/>	\$50 <input type="checkbox"/>
Concession: Applied for limited fixed income <input type="checkbox"/> Full time student <input type="checkbox"/>		
OVERSEAS \$AUD60 <input type="checkbox"/>		

Prices are current at 01/11 and include GST

Personal Details: Joint members please complete a) & b)

a) Mr Mrs Ms Miss Dr

Given names (s): _____

Surname: _____

Postal Address: _____

Postcode:

Tel () _____

Fax () _____

Email : _____

b) Mr Mrs Ms Miss Dr

Given names (s): _____

Surname: _____

Email : _____

Payment of \$ _____ is enclosed by:

Cheque Money Order payable to Australian Plants Society

Or Please charge my:

Mastercard Visa Card

Card Expiry Date /
Credit Card Number

Card Holders Name: _____

We would appreciate your response to the following questionnaire. This information is for the Society's use only and will help us to plan future activities that best meet the needs of our members.

Please indicate the appropriate age group:

Under 16 17-21 22-39 40-59 60-79 80+

Interests:

My/our interest(s) in Australian Plants are:

- | | |
|---------------------------------------|---|
| Appreciation <input type="checkbox"/> | Learning <input type="checkbox"/> |
| Growing <input type="checkbox"/> | New Garden <input type="checkbox"/> |
| Propagation <input type="checkbox"/> | Professional <input type="checkbox"/> |
| Research <input type="checkbox"/> | Landscaping <input type="checkbox"/> |
| Conservation <input type="checkbox"/> | Bushcare/Landscape <input type="checkbox"/> |
| Photography <input type="checkbox"/> | Art/Craft <input type="checkbox"/> |
| Garden Visit <input type="checkbox"/> | Field Trips <input type="checkbox"/> |
| Bush-foods <input type="checkbox"/> | |

Please state any special interests/skills. _____

Would you be willing to assist?

As a Volunteer.

As a source of information or help in your area of expertise or specialised interest.

PLEASE RETURN THIS FORM WITH YOUR PAYMENT TO:

Membership Officer
Australian Plants Society NSW Ltd
P.O. Box 3066
BOWENFELS NSW 2790
Tel: (02) 6352-3805 Fax: (02) 6351-2384

District Group Details: