



Friends of the Melton Botanic Garden Inc. (FMBG) Membership Application/Renewal

(July 2025 to June 2026)

Annual memberships are due by 1st July

Name: _____

Address: _____

Postcode _____

Phone: _____

Mobile Phone: _____

☐ Please contact me by email (Please note for sustainability and to reduce costs we only contact members by email)

Email Address (please print clearly):

☐ New member* or ☐ Renewal (please tick one) Date: ____/____/____

* Applications for new membership are considered for approval at the Committee Meeting.

* Applications received after the 1st July are ineligible to vote at the August AGM.

Membership (please tick only one membership category – fee charge is for July to June – fees are per financial year)

1 Year	2 Yrs	Membership category	Donation
<input type="checkbox"/> \$10	<input type="checkbox"/> \$20	Individual	<input type="checkbox"/> \$ _____ Office use only Subscription \$ _____ Donation \$ _____ Total \$ _____ Receipt# _____
<input type="checkbox"/> \$5	<input type="checkbox"/> \$10	Concession (Health Care Card holder/Pensioner/Senior Card holder)	
<input type="checkbox"/> \$5	<input type="checkbox"/> \$10	Full-time Student (18 years or over or parental permission needed)*	
<input type="checkbox"/> \$20	<input type="checkbox"/> \$40	Household (up to two adult persons living in the same house and dependent children under 18 – please list all household member names below)	
<input type="checkbox"/> \$10	<input type="checkbox"/> \$20	Household concession	
<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	Corporate (5 contacts & listing on FMBG website – please list all contact names below)	
<input type="checkbox"/> \$20	<input type="checkbox"/> \$40	Associate (Associate Membership is for 'friends of the FMBG' who share a likeminded interest or where normal membership may result in a conflict of interest. Associate members foster and support the work the FMBG. If the associate membership is for a group only one person from that group may be nominated, which is usually the Secretary or President of the group)	

NB: New members joining 1st April to 30th June have their first-year membership automatically extended to 30th June of the following year.

☐ As a member you agree to abide by the FMBG Constitution, rules, procedures, practices and by-laws (please tick and sign).

Signature: _____ Date: _____

* Under 18 parental/guardian permission required. Parental/Guardian Signature: _____

Household Members/Corporate Contacts (list the additional members/contacts)

Name

Email address (optional)

Payment

Payment enclosed \$ _____ (Cheques/Money Orders payable to Friends of the Melton Botanic Garden Inc.)

Please forward form with payment to:

Membership Secretary
Friends of the Melton Botanic Garden, Inc.
PO Box 2381,
Melton South 3338

Payment by direct bank transfer to Westpac Melton

Account Name: Friends of the Melton Botanic Garden Inc

Westpac BSB: 033-121 Account Number: 208 503

Please ensure that your name appears under the transaction details and also submit a completed form or you can scan and email to friends@fmbg.org.au