

MEMBERSHIP APPLICATION FORM



1. Select application type*

- New member
- Renew membership
- Gift membership

2. Select the membership category/fee that applies*:

- Individual member (\$25)
- Family/Partner members - 2 people residing at the same address (\$30)
- Student members - members engaged in full time study (\$10)
- Affiliate members - groups, clubs or corporate. 1 nominee represents the group (\$30)

3. Tick if you require a receipt: Yes

4. CONTACT INFORMATION:

Name*

Family/Partner Membership 2nd person's name (if applicable):

Mailing Address*

Post Code*

Phone / Mobile*

Email*

5. GIFT MEMBERSHIPS – please provide details of giver (if applicable):

Name:

Mailing address:

Phone / mobile:

6. DONATION (optional) - please provide amount below if you wish to make a donation on top of your membership fee:

Donation amount:

7. PAYMENT - select method of payment below:

- In person by EFTPOS/cash at Auckland Botanic Gardens visitor centre
- Internet banking – pay to account ASB 12 3011 0757619 00 including your name in reference

8. SUBMIT FORM

Please download, print and fill in this form. Once completed you can scan and email it to friendsofabg@gmail.com, or post it to Friends of the Auckland Botanic Gardens, 102 Hill Road, Auckland 2105. Please make payment as indicated above. We will email you confirmation once your application has been processed.

Thank you for supporting Friends of Auckland Botanic Gardens!