



Lot 2429 Coolibah Drive, Kununurra, WA, 6743
 PO Box 1264, Kununurra, WA, 6743
 Email: knxgarden@gmail.com

MEMBERSHIP APPLICATION FORM

I, _____ (Insert full name) of _____ (insert name of organisation if applicable) apply to become a member of the Kununurra Community Garden, Inc.					
*MAIN CONTACT DETAILS:					
Email address:					
Home phone:		Mobile phone:			
Postal address:		Date of birth:			
MEMBERSHIP TYPE: (Tick only one option)					
Type	Ordinary	Associate			
Individual	<input type="checkbox"/>	<input type="checkbox"/>			
Family	<input type="checkbox"/>	<i>Other family members</i>			
Corporate (Assoc. only)	<input type="checkbox"/>	<input type="checkbox"/>			
Ordinary:		An Ordinary Member has full voting rights at AGM meetings. An Ordinary Member also has the option to apply to become an Ordinary Committee Member.			
Associate:		An Associate Member does not have full voting rights at AGM meetings.			
Family:		Main family member will be an Ordinary Member. Each 'other' family member is treated as an independent Associate Member.			
Other family member names:	1.		Date of birth:		
	2.		Date of birth:		
	3.		Date of birth:		
	4.		Date of birth:		
FEES					
Individual	\$25 per year	Family	\$35 per year	Corporate	\$60 per year
PAYMENT METHOD					
Cash	<input type="checkbox"/>	Account details: Kununurra Community Garden Inc BSB: 086787 Account: 948807052 Reference: Your full name			
Direct debit	<input type="checkbox"/>				
Tick for receipt	<input type="checkbox"/>				
OPTIONAL INFORMATION (we would appreciate this information, but it is not compulsory)					
Do you identify as Aboriginal or Torres Strait Islander?					
Do you speak another language at home? If yes, which language?					
Do you identify as having a disability? If yes, please let us know how we can assist you.					

MEMBER INFORMATION
What are the main reasons you are becoming a Member?
Please list any special skills, knowledge or other, that will contribute to the organisation:
What would you like to see happening at the Kununurra Community Garden?

****By signing this application, I am confirming that I have read and understood the Kununurra Community Garden Membership Guide. If accepted, I agree to comply to the Guide and will be bound by the Rules of the Association (the Constitution).**

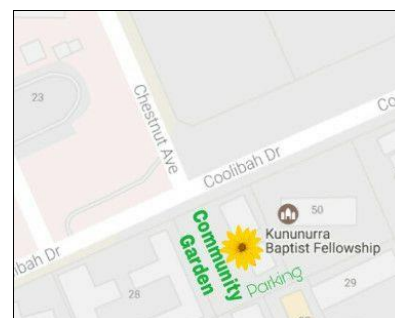
Signature: _____ Date: _____

Existing Member nominating applicant (if applicable): _____

*If your application is accepted, your name and nominated contact details, as provided above, must be recorded in a register of members. Upon request, your email address can be made available to other members under section 54 of the *Associations Incorporation Act 2015*.

****All accepted members will receive an email copy of the current Constitution (Rules) and Membership Guidelines for the Kununurra Community Garden Inc.**

***The Members of the Kununurra Community Garden gather together at the garden every Sunday morning.
Lot 2429, Coolibah Drive (behind the dental clinic)***



ADMIN USE ONLY							
Main Membership type:	Individual Ordinary		Associate class:	Honorary			
	Individual Associate			Life			
	Family Ordinary			Senior			
	Corporate Associate			Junior			
Additional family members - Associate class							
Family member 1	Honorary		Life		Senior		Junior
Family member 2	Honorary		Life		Senior		Junior
Family member 3	Honorary		Life		Senior		Junior
Family member 4	Honorary		Life		Senior		Junior
Media consent form signed?	YES		NO				