

Membership Form

Join us to get the Darlington Community Garden ‘germinating’. We can’t grow without you!

Be a part of the growth of the DCG. Membership covers insurance costs and allows you to be part of the decision making.

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| --- | --- | --- | --- | --- |
| Full name:Additional family members: |

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 |
| Address: |  |
| Email: |  |
| Mobile no.: |  |
| How would  | you like to be involved with DCG? |

Annual membership runs from 1 July to 30 June.

|  |  |  |
| --- | --- | --- |
| **Membership type** | **Number of memberships** | **Subtotal** |
| Adult ($20 each) |   |  |
| Unwaged Adult ($15 each) |  |  |
| Child |  |  |
| Pay forward membership |  |  |
|  | **Total** |  |

Payment method: Card Cash

Direct Deposit: BSB: 633 000 Account : 168 723 849

If payment of the membership fee will prohibit you from becoming a member, please contact Memberships officer Natalie Balgera darlingtoncg@hotmail.com for confidential chat to discuss further options.