



FRIENDS *of the*  
ROYAL BOTANIC GARDENS  
MELBOURNE INC.

**Friends of the Royal Botanic Gardens, Melbourne Inc.**

Gate Lodge, 100 Birdwood Avenue, Melbourne 3004. Tel:9650 6398 Fax:9650 7723

Reg. No. A12827T ABN 43 438 335 331

email: friends@frbgmelb.org.au website: [www.rbgfriendsmelbourne.org](http://www.rbgfriendsmelbourne.org)

***Application for Membership***

Title _____	First Name _____	Surname _____
Address _____		
Suburb _____		Post Code _____
Email _____		
Phone: (day) _____	(evening) _____	Mobile _____ Fax _____

I apply to become a member in the category indicated below:

		<b>Annual Subscription</b>
<b>Household Membership</b>	1 year	\$ 66.00 Inc. GST <input type="checkbox"/>
	2 years	\$120.00 Inc. GST <input type="checkbox"/>
	3 years	\$180.00 Inc. GST <input type="checkbox"/>
<i>Ordinary Member and one other person living at the same address - please include name of other person</i>		
<b>Individual Membership</b> ( <i>within 50km of the GPO</i> )	1 year	\$ 45.00 Inc. GST <input type="checkbox"/>
	2 years	\$ 80.00 Inc. GST <input type="checkbox"/>
	3 years	\$120.00 Inc. GST <input type="checkbox"/>
<b>Country/Interstate/Overseas</b>	1 year	\$ 33.00 Inc. GST <input type="checkbox"/>
<b>Full time Student or Pensioner Membership</b>	1 year	\$ 33.00 Inc. GST <input type="checkbox"/>

\_\_\_\_\_  
*Pensioner Number or Name of educational institution & Student Number*

**Donation to Friends' Trust Fund**

*Donations of \$2 or more are tax-deductible*

\$ \_\_\_\_\_  
**TOTAL \$**

Payment by cheque enclosed **OR** Please charge my Mastercard Visa

\_\_\_\_\_  
Cardholder's Name

\_\_\_\_\_  
Cardholder's signature

\_\_\_\_\_  
Expiry Date

Please tick your age category: Under 25 25-39 40-59 60 or over

How did you hear about the Friends? \_\_\_\_\_

Please make cheque/money order payable to Friends of RBG, and post it with this form to the address above.

**Life Membership** - Please contact Friends' office for details

**Group Members** \$160.00 Inc. GST Annual Subscription

If you require a Tax Invoice, please quote your ABN.....