



# Membership Form

## Your Contact Details

Name	<input type="text"/>	<input type="radio"/> Ms	<input type="radio"/> Mrs	<input type="radio"/> Mr	<input type="radio"/> Other
Address	<input type="text"/>				Postcode <input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>		
Email	<input type="text"/>	Website	<input type="text"/>		
Organisation	<input type="text"/>	Position	<input type="text"/>		

## MEMBERSHIP CATEGORIES: Please select one

<input type="radio"/> <b>CORPORATE MEMBER</b> \$500	<input type="radio"/> <b>GENERAL MEMBER</b> \$50	<input type="radio"/> <b>STUDENT / CONCESSION</b> \$25
Card No: <input type="text"/>		Concession Type: <input type="text"/>

## QUALIFICATIONS: Please provide your related qualifications and brief industry experience

## AREA OF INTEREST: Please select and highlight all areas that interest you

<input type="radio"/> Horticultural Skills	<input type="radio"/> Courses & training	<input type="radio"/> Guest Speakers	<input type="radio"/> Mental Health
<input type="radio"/> Physical Rehabilitation	<input type="radio"/> Youth	<input type="radio"/> Aged Care	<input type="radio"/> Community Gardens
<input type="radio"/> Indigenous	<input type="radio"/> Dementia	<input type="radio"/> Disability	<input type="radio"/> Other: <input type="text"/>

## PAYMENT OPTIONS: Please provide all the details for tracking of your payment

**Electronic Funds Transfer (EFT)**  
BSB 032-092      Account No. 120486      Account Name: Horticultural Therapy Society of NSW Inc.

Your Account name:

Amount:       Date deposited:       Transfer Receipt No:

Email form to: [info@cultivatensw.org.au](mailto:info@cultivatensw.org.au)

## Application Checklist

1. Complete this application form
2. Email to [info@cultivatensw.org.au](mailto:info@cultivatensw.org.au)
3. Transfer funds via bank deposit