



MEMBERSHIP APPLICATION FORM

Cost of Membership is:	S – Single	\$20.00
	F – Family	\$30.00 *
	B – Corporate	\$50.00

Please fill in details below and forward payments to:

Treasurer
 Mt Macedon & District Horticultural Society
 PO Box 30
 Mt Macedon 3441

Membership type: (S – Single, F – Family, B – Corporate)

Surname:.....

Given names:.....

Address:.....

.....

Post Code: Email:.....

Phone:..... Date joined:

Other details:.....

.....

* Family = two people in household and siblings if applicable.