Friends of Coolart

Membership Application/ Renewal Form

Please print

Membership Type	New Member	Renewal		
Your Name				
First		Last		
Email address		7		
Street Address.				
Address Line 2 or PO Bo	ox Number			
Suburb		State		
Post Code		Phone Number	r	
Occupation (optional)				
Special Interests I would like to join	Coolart Community	Garden Group	☐ Volunteers M	laintenance Team
I would like to find ou	it more about volunteerin	g at Coolart		
Type of Membership				
Annual: Single (\$20	0.00)	Annual: Family	(\$30.00)	
Family: up to 2 adult reside	nts at the same address a	nd their children up to 1	8 years	
Donation to Friends of Cool	art	Total Payable		
\$		\$		
PAYMENT: <u>Please pri</u>	nt this form & include with	n your payment or if pos	ted indicate if paid b	y EFT .
•	r surname for our referen			
Bank: Balnarring and Dist Account Name: Fr	trict Community Bank (Ber ciends of Coolart	ndigo Bank)		
BSB: 633 000 Acc				
CHEQUE:	50			
Payable to: Friends o	f Coolart Inc.			

Mailing Address: PO Box 183. Somers Vic 3927