

COGS Membership Application

Please contact members@cogs.asn.au with any enquiries

Member details - Please print clearly, especially your email address

• A membership year runs from September 1st of the current year to August 31st of the following year.

Adult 1 First name _____
Surname _____
Date of Birth ____/____/____
Occupation _____

Adult 2 First name _____
Surname _____
Date of Birth ____/____/____
Occupation _____

Child 1 Name _____
Date of Birth ____/____/____

Child 2 Name _____
Date of Birth ____/____/____

Child 3 Name _____
Date of Birth ____/____/____

Child 4 Name _____
Date of Birth ____/____/____

Address Label _____
Street _____
Suburb/Town _____
State _____
Postcode _____

Phone Home _____
Mobile _____

Email _____
Receive COGS magazine by email?

Volunteer details

• COGS is a volunteer organisation and thus relies entirely on volunteers for its continued operation.

As a member, in which areas would you be prepared to volunteer some time or skills? Please tick below.

Area	hrs/wk	Area	hrs/wk	Area	hrs/wk
Magazine	<input type="checkbox"/>	Website/IT	<input type="checkbox"/>	Suppers	<input type="checkbox"/>
Library	<input type="checkbox"/>	Finances	<input type="checkbox"/>	Convenor	<input type="checkbox"/>
Seed Saving	<input type="checkbox"/>	Committee	<input type="checkbox"/>	Other	_____

Membership agreement and signature

I agree to follow the rules of COGS during my membership.

_____ Date ____/____/____
(signature)

Payment details

Memberships are for a family unit of one or two adults and their children under 18 years of age.

- Full membership costs **\$30**, Concession membership costs **\$18**.
- Concessions are available to Healthcare card holders, pensioners and full time students.
- **Both** adults must be eligible for the concession rate to apply **AND** evidence must be provided to the membership secretary.
- An additional joining fee of \$5 (\$3 for concessions) applies to all **new** memberships. This only need be paid **ONCE**.
- If you pay by direct deposit, new members should use their surname as the payment reference and ensure the reference is recorded on the form below.

Member	Full	Concession
New	\$35.00	\$21.00
Renewal	\$30.00	\$18.00

Please send your completed application and payment (no cash) to:

The Membership Secretary,
Canberra Organic Growers Society Inc.
PO Box 347
DICKSON ACT 2602

Payment by Direct Deposit to
Canberra Organic Growers Society Inc.
Westpac Bank, Petrie Plaza, Canberra
BSB 032-719
Account 291247
Date ____/____/____
Reference _____

Payment by Cheque/Money Order to
'Canberra Organic Growers Society' or 'COGS'
Payment attached to completed application

Direct Deposit is the preferred payment method.

COGS Administration only

Membership No. _____ Bank ID _____ Receipt No. _____