

Household Membership Form

CURLY COMMUNITY GARDEN Inc

North Curl Curl Community Centre, 2 Griffin Road, North Curl Curl NSW 2099

Please use block letters to fill out the form. Thanks!

Main contact: _____

Email: _____

Street address: _____

Postcode: _____

Suburb: _____

Phone number: _____

Number of people in your household: _____

Age groups (please tick all relevant age groups):

Names of other household members:

Under 16 years

16 to 30 years

31 to 45 years

46 to 60 years

61+ years

Emergency contact name and phone number: _____

Gardening skills and experience – Don't worry if you don't have any yet!

Other skills, knowledge and experience you could contribute to the garden:

Watering Team – a fortnightly roster of members who water the garden between working bees.

I'd like to join the Watering Team

Personal considerations, if any, that might affect your activities in the garden – e.g. restricted mobility, allergies, etc.

Payment Amount:

Annual (July-June): \$50

January-June: \$30

Payment Method:

Cash in person

Direct Deposit

Curly Community Garden Inc

BSB: 633000

Account: 158 172 536

In accepting membership to the garden we agree:

to be added to the Curly Community Garden mailing list.

to take full responsibility for our actions when working in the garden and adhere to the Curly Community Garden Member Guidelines and Safety Guidelines.

that participation in the garden is at our own risk and Curly Community Garden Inc, members of the Curly Community Garden Management Committee and the Northern Beaches Council are not responsible for any injury or loss of possessions.

to supervise and ensure the safety of my children during working bees (if applicable).

We permit the free use of our names and pictures in any broadcasts, telecasts and the press, including Facebook and website, as they pertain to Curly Community Garden, their events and activities. (optional)

Signature of applicant: _____

Date: _____