

# Individual 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!**

Full name: \_\_\_\_\_

Street address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Email: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone number: \_\_\_\_\_

Age group:

- 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): \$35
- January-June: \$20

Payment Method:

- Cash in person
- Direct Deposit  
Curly Community Garden Inc  
BSB: 633000  
Account: 158 172 536

In accepting membership to the garden I agree:

- to be added to the Curly Community Garden mailing list.
- to take full responsibility for my 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 my 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).

I permit the free use of my name and picture 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: \_\_\_\_\_