



At the **Trott Park Neighbourhood Centre**
34 Hessing Crescent, Trott Park SA 5158

Email: tpcg5158@gmail.com

AOR: A41741

Contacts:

Bryan Marshall (Pres) M 0478 625 445

Judith Irrgang (Sec) M 0403 323 424

Application for Membership

I wish to apply to become a member of Trott Park Community Garden Inc:

Family Name:	<input type="text"/>	Given Name:	<input type="text"/>
Address:	<input type="text"/>	Postcode:	<input type="text"/>
Mobile Phone:	<input type="text"/>	Home Phone:	<input type="text"/>
Email:	<input type="text"/>	Alternative Phone:	<input type="text"/>

Emergency Contact and Health Information

In the event of an accident/emergency, I give consent to contact a person named below:

1) Name:	<input type="text"/>	Phone:	<input type="text"/>
2) Name:	<input type="text"/>	Phone:	<input type="text"/>

Relevant health information (eg allergies, medications, pre-existing injuries)

Do you have any special needs which may need to be considered? Yes / No

If 'Yes', please provide details

Why do you wish to become a member of Trott Park Community Garden Inc?

Please note the following:

- You must be at least 18 years of age to be a general member
- You must agree to pay an annual membership fee as determined by Trott Park Community Garden Inc members
- You must agree to contribute to the maintenance of the communal garden areas, including attendance at communal work sessions
- You must agree to adhere to the Rules and the Safety Guidelines of Trott Park Community Garden Inc
- Priority for membership will be given to applicants who live in the City of Marion council area

Membership Fees:

Please select membership which you wish to apply for:

Single Membership: \$20.00 per year

Family Membership: \$25.00 per year

Declaration and Signatures:

I/We agree to fully comply with the conditions for membership of Trott Park Community Garden Inc as set out in the 'Rules of Trott Park Community Garden Inc' document (supplied).

Applicant's Signature _____

Date:

Proposer's Signature _____

Date:

Proposer's Name & Position _____

Secunder's Signature _____

Date:

Secunder's Name & Position _____

How to send this completed form:

Email: scan & email to tpcg5158@gmail.com, or

In person: present in person at the Trott Park Community Garden, 34 Hessing Crescent, Trott Park, SA 5158, any Saturday morning between 10am and 12 noon / or leave at the Trott Park Neighbourhood Centre reception, 34 Hessing Crescent

Please note: if you wish to apply for the allocation of an individual garden plot, you will also need to complete the separate 'Application & Licence for a Garden Plot' form. Email tpcg5158@gmail.com to obtain a form