



Membership Application

Incomplete or illegible order forms cannot be processed. Please send any enquiries to membership@permaculturemelbourne.org.au or phone 03 9513 4447

Return completed Membership form with payment to Permaculture Melbourne postal address or your Local Group contact

I / we apply for membership of Permaculture Melbourne Incorporated

ABN 66 567 350 927

Mail Payment to

Permaculture Melbourne
P.O Box 3020
Auburn
3123 Victoria

Local group

Permaculture Out West

Name of Applicant
(Nominee if an Organisation)

Organisation (where applicable).....

Name(s) of Extra Person(s) at same address.....

.....

Mailing Address

Suburb

Post Code..... State.....

Phone..... Mobile.....

Email.....

Please email my bi-monthly newsletter of PIE Please email my local group(s) news

Category	Subscription
Regular 1yr	\$32.00
Regular 2yrs	\$60.00
Concession 1yr	\$24.00
Concession 2yrs	\$44.00
Extra person(s) at same address 1yr	\$12 per person
Extra person(s) at same address 2yrs	\$20 per person

Membership Subscription

\$

Extra Person(s), same address, no PIE

\$

Mountain Districts Newsletter 1yr \$5.00 2yrs \$10.00

\$

Otways & Coast Newsletter 1yr \$2.00 2yrs \$4.00

\$

Donation to Permaculture Melbourne \$5 \$10 \$25 \$50 Other

\$

Donation to Local Group amount \$5 \$10 \$25 \$50 Other

\$

Total enclosed

\$

\$

Cheques and/or Money Orders to be made out to Permaculture Melbourne in AUD or to your local group (details supplied by local group)

Money order Cheque Cash Credit Card (visa/mastercard/bankcard ONLY)

Office Use

Retained by PcM Admin

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Forwarded to Local Group

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Date

Retained by Local Group

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Forwarded to PcM Admin

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Date

Signature of Membership Officer.....

Signature of Local Group Membership Officer.....

All Credit Card payments to be paid directly to Permaculture Melbourne and not through a local group	
Name (as it appears on card).....
Credit Card Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Signature of cardholder.....

In the event of my/our admission to membership, I/we agree to be bound by the Rules of the Association for the time being in force.

Signature.....date.....