

## **MEMBERSHIP – 2025/2026**

Surname:	Given Na	ime:
Address:		Postcode:
Postal Address:		Postcode:
Telephone:	Mobile:	
Email:		
I support the purposes of the Mt Macedon & District Horticultural Society Inc. (as attached)		
I agree to comply	with the Rules of the Mt Mad	cedon & District Horticultural Society Inc.
Signed:		
ANNUAL SUBSCR	IPTION	
Type of Membership (please tick):		
Individual (\$50)		
Associate Member (Child under 15 years) (\$0)		
List names of child associate members		
PAYMENT DETAILS	3	
Bank details	BSB: 633 000	
	Account No: 208 667 782 Bank: Bendigo Bank	
	Account Name: "Mt Macedon and District Horticultural Society"	
Method of Payment:	EFT	Cash

**Note:** If paying by EFT please quote your surname and initial.

Please email completed form to: rogerscrivener@bigpond.com. Cash or EFTPOS also payable at Speaker Evenings.

## **CONSIDERATION OF APPLICATION**

In accordance with Clause 10 of the Society's Rules of Association, an application for membership of the Society must be approved by its Business Committee as soon as practical after the application is made. The Business Committee meets on the second Tuesday of each month, and you will be notified immediately after the next meeting as to the status of your application.

## **PURPOSE**

The purpose of the Association is to promote horticulture through:

- Education by providing speakers, lecture series, workshops, garden visits and a horticultural library.
- Social by providing events for members and the wider community.
- Cultural by providing opportunities to experience the art of the garden and seeking to preserve the heritage of the Macedon Ranges and District gardens.
- Provision of support and assistance to like-minded individuals and organisations.