



**Johnstone River Community Gardens Inc.**  
*Growing Food, Nourishing Community*

**Membership Form**

Name.....

Family's Names (If applicable).....

Residential/Postal Address.....

Phone..... Mobile..... Email.....

**Privacy statement:** The personal information requested on this form is being collected by JRCGI for reference only and identification purposes. To ensure confidentiality of information supplied we will only use personal information given by you for the purpose of providing a range of access to facilities and equipment. We will not disclose your personal information without consent to a third-party, institution, or authority, except where required by law or other.

**Annual Membership Subscription January/December**

Please tick where applicable (Fees per annum):

- ..... \$50.00 Garden Plot-Holder
- ..... \$10.00 Ordinary Member – Individual
- ..... \$15.00 Ordinary Member – Couple
- ..... \$20.00 Ordinary Member – Family
- ..... \$10.00 School/Child-Care Centre
- ..... \$10.00 Association/Club

***Subscriptions can be mailed to:***  
*Johnstone River Community  
Gardens Inc.  
PO Box 421  
INNISFAIL QLD 4860*

- Cash**
- Cheque**
- Direct Deposit:** QCB. BSB 654 000 A/C 22083563

Membership fees go towards the following: annual operational expenses of the Association, incorporation fees, financial audits, stationary costs, publicity, and fundraising costs, as well as maintenance of the Gardens. You can take pride in knowing that your membership-fee will contribute greatly to this important community project's continuance. As a member, you are also welcome to join the Monthly Ordinary Meetings on the third Tuesday of each month at the Gardens, Flying Fish Point Road Innisfail. By providing us with your email details, you will sent a reminder of this, along with any meeting-agenda, meeting-minutes, monthly newsletters and so forth.

For risk-assessment purposes, please list any permanent injuries or health issue that you have that could be effected by any activities usually associated with undertaking gardening work:

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By signing this membership form, I confirm that I have been supplied with a copy of, read, understood, and agree to abide by the 'Johnstone River Community Gardens Inc. Membership General Rules & Guidelines'.

**Signature**..... **Date**.....

**For office use only: Proposer**.....**Seconder**.....

**Receipt No.**..... **Plot No. (If applicable)** .....



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## Membership Form

### OPTIONAL:

Let us know what your interests and/or skills are and how you would like to contribute to our garden's success. Please tick the appropriate boxes below:

**Trade/Occupation/Profession:** .....

- Valid First-Aid Certificate – Expiry \_\_\_\_\_
- Valid CPR Certificate – Expiry \_\_\_\_\_
- Valid Blue Card and/or Yellow Card – Expiry \_\_\_\_\_
- Valid White Card – Expiry \_\_\_\_\_
- Administration experience
- Event management/promotion experience
- Graphic Design
- Plant propagation techniques
- Vegetable propagation techniques
- Chain saw operation
- Brush cutter operation
- Ride on mower operation
- Small equipment mechanics
- Defoliant applications
- Fertilizer applications
- Composting and/or worm-farm knowledge
- Recycling knowledge
- Bird identification
- Weed identification
- Insect identification
- Music Skills