Canterbury City Community Centre

130 Railway Parade, Lakemba NSW 2195 • PO Box 66, Lakemba NSW 2195
P (02) 9750 9344 • **F** (02) 9740 6332 • **E** centre@4cs.org.au • **W** www.4cs.org.au

APPLICATION FOR MEMBERSHIP

LAKEMBA COMMUNITY GARDEN

An activity of Canterbury City Community Centre Inc.

This application includes application for Membership of Canterbury City Community Centre In.

I,…………………………….. …………………of ………………………………………
(Full name of applicant)   (residential address)

……………………………………………………………. Post Code …………………

Postal Address (if different from above)

………………………………………………………………………………………….…

…………………………………………………………………………………………

Tel No: (home) …………………................... Tel No. (work) …………………………………

Mobile ………………………………… Email: ………………………………………..

Languages Spoken……………………………………………………………………..

I am applying for: (please indicate with a mark in boxed below)

☐   Membership as 'Friend of the Garden' $6 / year (subject to change)
(i.e. not applying to be on waiting list for a garden plot)

☐   Membership "in anticipation of applying for a garden plot" $10 / year (subject to change)
(i.e. applies to those considered _eligible_ for entry on the waiting list and will be offset against the
cost of a garden plot if allocated within that Financial Year)

I wish to apply for a

Large Plot   ☐

Small Plot   ☐

Disability Access Plot   ☐

Community Organisation Plot   ☐

(Please make **cheque or money order** payable to Canterbury City Community Centre and
include 100 points of Identification and send to address indicated above**.** (Please to not send
cash).

NOTE:
Six Monthly Plot fee payable (on allocation of plot) is **$25** for a large plot and **$15** for a small
plot every six months ie January and July each year. (subject to change).

I hereby apply to become a member of the Lakemba Community Garden and a Member of Canterbury City Community Centre Inc.

In the event of my admission as a member, I agree to be bound by the Rules of the Association and the Rules of Lakemba Community Garden.

I understand that my membership becomes activated only upon payment of the membership fee, presentation of a copy of photo-id proof of residence (where applicable) and that no other member of my immediate or extended family already has a plot.

……………………………………….   ……………………………………

Signature of applicant   Date

OFFICE USE ONLY:

100 point ID supplied

Details

Attendance at Workshops	Date
Composting and Worm Farming	
Natural Pest Management	
Water Conservation	

Waiting List Payment Received $................. …………………….**Date** ……………………

Plot Number Allocated …………………………. **Date** ……………………………………