



## MEMBERSHIP APPLICATION/RENEWAL

July 1, 2019 to June 30, 2020  
ABN 17 035 716 441

Thank you for supporting Plant Trust (the Garden Plant Conservation Association of Australia Inc.). To ensure our records are accurate, please select your appropriate membership application or renewal category below **and** complete the Membership Details form attached. This form can be posted to the address below, along with your payment, or can be emailed to [contact@planttrust.org.au](mailto:contact@planttrust.org.au) where payment has been made by EFT.

Plant Trust (GPCAA Inc.)  
c/-Royal Botanic Gardens, Melbourne  
Birdwood Ave, South Yarra VIC 3141, Australia  
T +61 (3) 9650 5639 | E [contact@planttrust.org.au](mailto:contact@planttrust.org.au)

National Membership (please circle the applicable cost and record in the righthand column)		Select your Category
Individual	\$30	
Commercial Nursery	\$60	
Club, Society or Family	\$45	
Corporate	\$150	
Donation (NOT tax deductible)		
Payment via Direct Debit (EFT) as follows: Account name: GPCAA Inc. BSB: 063-254   Account number: 1010 6006 Payment reference: Name of applicant <b>OR</b> Payment via cheque (made payable to GPCAA Inc.) \$		

Note: GPCAA is not registered for GST

For further information concerning Plant Trust, its initiatives and activities, please visit [planttrust.org.au](http://planttrust.org.au), or contact Administrative Assistant Don Journet on +61 (3) 9650 5639 (Mondays 10am-5pm) or by email to [contact@planttrust.org.au](mailto:contact@planttrust.org.au)

## INDIVIDUAL/FAMILY Membership Details (please print clearly)

Personal details remain confidential to Plant Trust (GPCAA Inc.) records

Title: (circle one)	Prof	Dr	Mr	Mrs	Ms	Miss
First Name:						
Surname:						
Address:						
Suburb:						
State:				Postcode:		
Home Phone:						
Home Fax: (repeat if						
Mobile:						
My Email address for Quarterly GENUS Newsletter (write "Post" if none):						
Additional Details:						
Partner or Spouse						
Title: (circle one)	Prof	Dr	Mr	Mrs	Ms	Miss
First Name:						
Surname:						

## CORPORATE/COMMERCIAL NURSERY/CLUB/SOCIETY Membership Details

Business Name:						
Address:						
Suburb:						
State:				Postcode:		
Contact Name:						
Job Title:						
Bus. Phone:						
Bus. Fax:						
Mobile:						
Email:						
Email address for Quarterly GENUS Newsletter (repeat if same/write "Post" if none):						

## CLUB/SOCIETY Membership: Additional Details

President's Name:						
Contact Details:	Phone:				Email:	
Treasurer's Name:						
Contact Details:	Phone:				Email:	
Secretary's Name:						
Contact Details::	Phone:				Email:	

You do NOT need to own a Plant Collection to be a Member of Plant Trust (GPCAA Inc.)