



# FLOURISH PYO INC MEMBERSHIP APPLICATION/RENEWAL FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

- How would you like to receive news, updates and notifications from Flourish PYO Inc?
  - Email Yes/No
  - Post Yes/No (Please supply postal address above if different to home address)
  - Text message Yes/No
- Do you have any special skills, interests, experience or qualifications? \_\_\_\_\_

MEMBERSHIP FEE is \$ 25 per year per person. Valid from 1<sup>st</sup> April – 31<sup>st</sup> March annually.

Direct Deposit:

Account Name: Flourish PYO Inc

Bank: Heritage Bank

BSB: 638 010

Account Number: 14688484

ABN: 28103767452

**\*\*Please ensure you include identifying Membership "description" (e.g. Daisy Horseradish or MEMHORSD). Membership fees are NOT tax deductible.**

Cash: Please contact us on 0459 622 775 (Tue-Fri 9am-3pm), Attend a General Meeting or see us in person.

I, \_\_\_\_\_ (proposed member's name), want to become a member of Flourish PYO Inc. I have read and agree to abide by the association's Constitution and Code of Conduct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Post to: Flourish PYO Inc, C/o- 10 Carnation Ct, Middle Ridge, 4350**

**Email to: [flourishpyo@outlook.com](mailto:flourishpyo@outlook.com)**

**In person: 100 Glenvale Road during advertised Community Garden times or at Annual General Meeting**

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**OFFICE USE ONLY:**

**Proposed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

**Seconded by:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

Added to email list _____
Added to posted mail list _____
Added to member list _____
Welcome email sent _____
Membership card sent _____
Other _____