



Indigenous Plants for Health Association Inc.

ANNUAL MEMBERSHIP RENEWAL

Thank you for your continuing support for IPHA. We are a not-for-profit association managed by volunteers. There are no paid staff, consultants or fees for committee members

Membership fees

Our fees have not increased since the founding of IPHA in 2018, despite significant increases in the cost of running an association

Free membership options are available for First Nations and people on low income

For members who are able, we encourage you to consider a donation, to assist IPHA in continuing to provide the services outlined above

How are membership fees used?

Apart from the regular costs of running an organization, IPHA uses income acquired for the following purposes:

- Printing of plant knowledge cards
- Research funding for Persoonia (geebung) PhD project at Qld University
- Funding for Yilyapinya Yarning Circle in Brisbane to create and maintain bushfood and medicine gardens
- Production of banners, brochures to promote IPHA
- Website subscription and upgrades
- Public liability insurance, Association incorporation fees
- Conducting regular field days
- Reimbursement of travel expenses for committee members and speakers to attend field days, seminars

MEMBERSHIP RENEWAL APPLICATION FORM

Enclosed/transferred is the sum of \$20 annual membership fee. The amount has been paid by:

- ☐ Cash
- ☐ Paid by Bank Transfer (Important flag your name with payment)
- ☐ Paypal, via website www.indigenousplantsforhealth.com
- ☐ Identify as Aboriginal or Torres Strait Islander (fee optional)
- ☐ Identify as low income (fee optional)
- ☐ I no longer wish to continue as an IPHA member or receive emails

I would like to make a donation to IPHA. Note that donations are not tax deductible

My donation is: \$20 ☐ \$50 ☐ \$100 ☐ Other ☐ Please specify.

My donation is a one-off or annual. Please specify

Post Membership Form to:

IPHA Treasurer – 196 Bridge St. Muswellbrook NSW 2333, OR if paying by transfer you may scan and email the completed and signed form to IPHA.Secretary@hotmail.com

Bank Details for Payments: BSB 637000

Account 722660722

Name: _____

Address: _____

_____ Postcode _____

Tel: Home _____ Mobile _____

Email: _____

I agree to abide by the Constitution and any policies, rules or regulations established within the association. These are listed on the website www.indigenousplantsforhealth.com

Signed _____ Date _____