

SOUTH EASTERN ORCHID SOCIETY of W.A. (Inc.)

APPLICATION FOR MEMBERSHIP

I/We, the undersigned, hereby apply to become a member of the South Eastern Orchid Society of Western Australia (Inc.), and if my/our application is approved, agree to comply with, and be bound by the Rules of Incorporated Association and By-Laws of the Society or any regulations which may now or hereafter be in force.

Family name (block letters) Mr/Mrs/Miss:

Given Names:

Address:

Postcode: Phone No.:

Signature:

Signature:

Date of Application:

Proposed by: Seconded by:

Have you been a member of any other orchid society: Yes No

If yes, please state where and when:

If yes, please state if you previously showed your orchids: Yes No

If so, in what division did you show:

Membership fee:	Junior \$8.00	Membership No.:
	Single \$10.00	
	Family \$15.00	Receipt No.:

The above application was/was not approved by the Management Committee on/...../.....

Signed: (Secretary)

New membership paid after 1st April is 50 per cent discount

<u>To the Gazette Editor:</u>	Membership No.:
	Receipt No.:
	Phone No.:
	Date of Application:

Family name (block letters): Mr/Mrs/Miss:

Given Names:

Postal Address:

..... Postcode:

Preferred name on badge: (1)

(2)

Email Address: