



## APPLICATION FORM

**OUR CURRENT MEMBERSHIP IS \$20.00 PER YEAR PER FAMILY.**

I/We wish to apply for membership and authorize you to enter my/our names in the Society Register of members and agree to be bound by the rules and the by - laws of the Society.

FULL NAME(S) IN BLOCK LETTERS

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MONTH OF BIRTH

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ADDRESS

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SUBURB

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POSTCODE

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PHONE

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MOBILE

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EMAIL

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Are you a member of another Orchid Society? YES/NO

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If YES, please name the Society

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SIGNATURE(S)

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DATE

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For more information contact Miriam, our Secretary on 0429 989 665 or you can email [secretary@rdos.com.au](mailto:secretary@rdos.com.au)

### OFFICE USE ONLY

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PROPOSED BY

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SECONDED BY

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APPROVED BY COMMITTEE

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DATE APPROVED

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PRESIDENTS SIGNATURE

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NEW MEMBERS POT NUMBER

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