



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

SUBURB

POSTCODE

PHONE

MOBILE

EMAIL

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

If YES, please name the Society

SIGNATURE(S)

DATE

For more information contact Miriam, our Secretary on 0429 989 665 or you can email secretary@rdos.com.au

OFFICE USE ONLY

PROPOSED BY

SECONDED BY

APPROVED BY COMMITTEE

DATE APPROVED

PRESIDENTS SIGNATURE

NEW MEMBERS POT NUMBER