

Albany Orchid Society

Website: albanyorchids.org.au
secrerary@albanyorchids.org.au

The Secretary
PO Box 1982
Albany DC 6331
Ph: 0457 001 353

APPLICATION FOR MEMBERSHIP

I/We, the undersigned, hereby apply to become a member of the Albany Orchid Society and if my application is approved, agree to comply with and be bound by the rules of the society and any By-Laws which may now or may hereafter be in force.

NAME/S (PLEASE PRINT).....

ADDRESS.....

PHONE.....MOBILE.....

EMAIL.....

SIGNATURE/S.....

DATE

PROPOSED BY.....

SECONDED BY.....

Membership Types (Please circle)

Single \$20 Couples \$30 Junior (Under 15) \$10

Payment can be made by Cheque or Direct Debit

Posted Albany Orchid Society, PO Box 1982, Albany DC, 6331

Direct Debit Albany Orchid Society, BSB 036-168, Acc No 216045, giving your name as the Reference Number.

You may alternatively bring the completed form and pay at one of our monthly meetings.

Committee Consideration

This applicant was accepted as a member of the Albany Orchid Society on

Copies to President Secretary Treasurer Newsletter Editor