

SOUTH EASTERN ORCHID SOCIETY of W.A. (Inc.)
MEMBERSHIP APPLICATION FORM

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 Constitution, Rules 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: Telephone:

Signature:

Signature:

Preferred name on badge (1)

(2)

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, what division did you show in:

Membership fee: Junior \$8.00
Single \$10.00
Double/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

Internet: www.southeasternorchidsociety.com

To the Gazette Editor:

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

Given Names:

Postal Address:

..... Postcode:

Email Address:

Phone: Home: Mobile: