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 $10.00 Membership No.: .....
Single $15.00
Family $20.00 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
To the Gazette Editor: 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: .....