

MAROONDAH ORCHID SOCIETY INC

REG. NO. A000333981

MEMBER: THE ORCHID SOCIETIES COUNCIL OF VICTORIA Inc.

MEMBERSHIP APPLICATION

I _____
Wish to join for the financial year: 20 / 20

Type of Membership

(Please circle applicable membership applied for)

Adult (single) \$16.00
Family \$20.00
Junior (16 years or under) \$ 5.00

.I hereby undertake, on acceptance of this application for membership of the Maroondah Orchid Society Incorporated, to abide by the CONSTITUTION And BY-LAWS of the Maroondah Orchid Society Incorporated.

SIGNATURE of Applicant: _____ Date _____

(Please Print all details)

Full Name: _____

(Surname & Given Name of Primary Member)

For Family Membership please list all given names & relationship to be covered under this membership. (EG: Wife / son etc.)

Family Member(s) Given Name

Relationship to Member

_____	_____
_____	_____
_____	_____
_____	_____

ADDRESS DETAILS;

Street: _____
Suburb: _____ State: _____ Postcode _____

TELEPHONE DETAILS:

(H) () _____ (W) () _____
(M) () _____ (Fax/Email) _____

Membership subscriptions are due and payable on the 1st. Day of July each year.
Members joining in the second half of the year – January to June – are only required to pay half the appropriate subscription in the year of joining.

Forward to : Membership Secretary

Maroondah Orchid Society Incorporated
P.O. Box 38, Nunawading, Vic. 3131