



**APPLICATION FOR MEMBERSHIP
of
RINGWOOD ORCHID SOCIETY INCORPORATED**

P O Box 11
EAST RINGWOOD 3135

Single / Family Membership

Mr / Mrs/ Ms
Given names Surname

ofPostcode.....

Tel No :.....BH Tel:.....AH

Desire to become a member/members of Ringwood Orchid Society Inc.

In the event of my/our admission as a member/s, I/We agree to be bound by the rules of the association for the time being in force.

Signature of Applicant.....

Date :.....

FOR OFFICE USE ONLY:

Committee.....Approval.....Date:.....

Receipt No.....

Membership No:.....