THE WEST BRISBANE ORCHID SOCIETY Inc.

MEMBERSHIP APPLICATION

Membership fees due on January 1st each year

Your Details:

Surname:…….... Given Name:……

Surname:…….... Given Name:……

Address:…….

Suburb:……..…… Post Code:……

Ph Home:…… Ph Mobile:……...

Email Address:…….

Occupation (optional):
……..

Interests & Expertise: …….

Single: (1 Adult) ☐ **$15.00**

Family: (2 Adults + Children under 17 years) ☐ **$20.00**

Payment Details:

☐ Cash ☐ Cheque No:……
☐ Bank Transfer
Please contact our secretary for bank account details.

I/We agree to abide by the Constitution and By Laws of The West Brisbane Orchid Society Inc.

I/We agree that The West Brisbane Orchid Society may retain my/our name(s) and address(es) for the purposes of communicating with me/us on matters relating to the business of the Society

Signature……. **Date……**

Signature……. **Date……..**

Name as you wish it to appear on your badge

Magnetic or Pin (please circle)

The West Brisbane Orchid Society Inc. has Public Liability Insurance for the amount of $20.000.000.

Office use only

Receipt No: …… Receipt Date: ……..…….

Proposed by: ……... Seconded by: …… Approval Date: ……..

Receipt sent: …… ID Badge Sent: ……..

10-2023