

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:..... EFT: Bank of Queensland
BSB 124068
A/c 10179704

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: