

SUTHERLAND SHIRE ORCHID SOCIETY INC.

(Incorporated under the Associations Incorporation Act 2009)

APPLICATION FOR MEMBERSHIP

I/We hereby apply for membership of the Sutherland Shire Orchid Society Inc.
Full Name(s): (Mr., Mrs., or Ms.)
AddressPostcode
Occupation(s) (current or prior to retirement)
Phone: HomeMobileBus
Email Address
Emergency Contact
Have you grown orchids before? YES/NO What genera do you grow?
Interested in any other genera?
How long have you been growing orchids?Years
Are you a member of any other Orchid Society(s)? YES/NO
If yes, which one(s)?
and which class – Novice or Open, do you wish to exhibit your orchids in?
How did you hear about our Society?
Would you agree to having your name, phone number and email address (to receive the Bulletin) included in our Society's member data base? (information is kept confidential) YES/NO
I/We hereby apply to become a member of the above-named incorporated association. In the event of my admission as a member, I/We agree to be bound by the Constitution of the association for the time being in force. I/We understand joining and membership fees will be payable upon acceptance as a member.
Signature(s) of Applicant (s):DateDate
I, (Full Name)
a member of the association, nominate the applicant(s) for membership of the association.
Signature of proposer

I, (Full Name)				
a member of the association.	ation, second the	e nomina	ation of the applicant(s) fo	or membership of
Signature of seconder			Date	
Please forward this application David Hicks E: davehicks@outlook.o The Secretary, 548 The	com.au or post to):	-	
SCHEDULE OF FEES: (d	circle as applicab	le)		
* Please Note: If you do Bulletin by post, an addi			ss and wish to receive a cop \$ 20.00 will apply.	py of the monthly
JOINING FEE ALL CAT	EGORIES: \$1			
MEMBERSHIP FEES:	Adult double	\$20	Pensioner double	\$15.00
	Adult single	\$15	Pensioner single	\$ 10.00
	Junior (to 16	years.)	\$5.00	
NAME BADGE: If you wish to order a n required in addition to	_		olication, a fee of \$15.00 p	er member is
TOTAL FEE PAYABLE	FOR THIS APPL	ICATIO	N: \$	
DIRECT DEPOSIT DET	AILS:			
BSB: 062 278				
Account Number	: 10023286			
Account Name: S	utherland Shire	Orchid S	Society Inc.	
*Please enter y	your name in	the re	ference field!	
(Society use only) Membership status: jun	nior / novice / in	termedi	ate / open / application r	ejected
Date processed by Com	mittee			
President		rised Version	n March 2024	