

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: HomeBusBus
Email Addressg 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):Date
I, (Full Name)
Signature of proposer Date

(do not sign here)					
I, (Full Name)					
a member of the associathe association.	tion, second the	nomination	of the applicant(s) for n	nembership of	
Signature of seconder			Date		
Please forward this apple David Hicks E: davehicks@outlook.c The Secretary, 548 The	om.au or post to):			
SCHEDULE OF FEES: (c	ircle as applicab	le)			
*Please Note: If you do r Bulletin by post, an addit			d wish to receive a copy o	f the monthly	
JOINING FEE ALL CATE	GORIES: \$1				
MEMBERSHIP FEES:	Adult double	\$30.00	Pensioner double	\$20.00	
	Adult single	\$20.00	Pensioner single	\$15.00	
Junior (to 16 years.) \$5.00					
NAME BADGE: If you wish to order a narequired in addition to t	_		ion, a fee of \$15.00 per 1	nember is	
TOTAL FEE PAYABLE I	FOR THIS APPL	ICATION: \$			
DIRECT DEPOSIT DETA	AILS:				
BSB: 062 278	10022207				
Account Number: Account Name: Su		Orchid Socie	ty Inc.		
*Please enter y	our name in	the refere	ence field!		
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(Society use only) Membership status: juni	ior / novice / int	termediate /	open / application rejec	eted	
Date processed by Com	nittee				
President					

Revised Version December 2024