

## 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 of Proposer)
Signature of Proposer

(NOTE: Applicant - <u>do 1</u>	<u>not</u> sign here)					
I, (Full Name of Seconde	er)					
a member of the associathe association.	tion, second the	nomination of	the applicant(s) for m	nembership of		
Signature of Seconder			Date			
Please forward this application David Hicks E: davehicks@outlook.cc Sutherland Shire Orchid	om.au or post to		le Sutherland NSW 22	232		
SCHEDULE OF FEES: (ca	ircle as applicab	le)				
*Please Note: If you do r Bulletin by post, an addit				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.) <b>\$5.00</b>					
NAME BADGE: If you wish to order a narequired in addition to t	_		, a fee of <b>\$15.00</b> per r	nember is		
TOTAL FEE PAYABLE F	FOR THIS APPL	ICATION: \$				
DIRECT DEPOSIT DETA	AILS:					
<b>BSB:</b> 032-112						
<b>Account Number:</b>	368041					
Account Name: Su	itherland Shire (	Orchid Society I	nc.			
*Please enter y	our name in	the referenc	e field!			
(Committee use only) Membership status: juni	ior / novice / int	termediate / op	en / application rejec	rted		
Date processed by Comr	nittee					
President		vised Version Nov 2025	5			