**SUTHERLAND SHIRE ORCHID SOCIETY INC**

(Incorporated under the Associations Incorporation Act 2009)

# APPLICATION FOR NEW MEMBERSHIP

I/We hereby apply for membership of the Sutherland Shire Orchid Society Inc.

Full Name(s): (Mr., Mrs., or Ms.) _____D.O.B. (opt.) _____

Address_____ Suburb _____

Postcode_____

Occupation(s) (current or prior to retirement)

_____

Phone: _____Additional phone (opt.): _____

Email: _____

Additional Email (opt.):

_____

Emergency Contact _____Phone: _____

Have you grown orchids before? YES / NO if yes, roughly for how long? _____

What genera do you grow?

_____

Any other genera you are interested in growing?

_____

Are you a member of any other Orchid Society(s)? YES / NO If yes, which one(s)?

_____

Which class do you wish to exhibit your orchids in? NOVICE / INTERMEDIATE / OPEN

How did you hear about our Society?

_____

Do you agree to having your contact details (in order to receive the Bulletin) included in our member database? (information is kept confidential) YES/NO

I/We hereby apply to become a member of the Sutherland Shire Orchid Society. If admitted as a member, I/We agree to be bound by the Constitution of the Society 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: _____

*Please hand this form to a member of the SSOS committee, or forward to the secretary: secretary@ssos.org.au*

I, (Full Name of Proposer) _____a member of SSOS, nominate the applicant(s) for membership of the society.

Signature of Proposer: _____Date: _____

I, (Full Name of Seconder) _____ a member of SSOS, second the nomination of the applicant(s) for membership of the Society.

Signature of Seconder: _____Date: _____

**SCHEDULE OF FEES:** *(circle as applicable). Payment methods will be provided once application is accepted.*

***Please Note:** If you do not have an email address and wish to receive a copy of the monthly Bulletin by post, an additional annual charge of **$20.00** will* apply.

**JOINING FEE ALL CATEGORIES: $1**

**MEMBERSHIP FEES:** (If newly joining after July 1st joining fee is half price).

Adult double **$35.00** Pensioner double **$25.00**

Adult single **$25.00** Pensioner single **$20.00**

Junior (to 16 years.) **$10.00**

**NAME BADGE:**

If you wish to order a name badge with this application, a fee of **$18.00** per member is required in addition to the above. YES / NO

**TOTAL FEE PAYABLE FOR THIS APPLICATION: $** _____

***(Committee use only)***

Membership status: Junior / Novice / Intermediate / Open / other:

Date processed by Committee: _____

President: _____

(Updated Version Sept. 2026)