Membership Renewal Form

Please update if your details have changed, and return to the Secretary.

Name (s): _____ **Date:** _____

***Address**: _____

_____ ***Postcode:** _____

***Email:** _____ ***Mobile:** _____

***Emergency Contact:** _____ ***Phone** _____

ANNUAL MEMBERSHIP FEES (please circle as applicable)

ADULT DOUBLE	$35.00 PA	**PENSIONER DOUBLE**	$25.00 PA
ADULT SINGLE	$25.00 PA	**PENSIONER SINGLE**	$20.00 PA

JUNIOR (Under 16 Yrs.**)** $10.00 PA

(IF YOU WISH TO RECEIVE THE MONTHLY BULLETIN BY POST, THERE WILL BE AN ADDITIONAL $20 ANNUAL SURCHARGE PAYABLE WITH YOUR MEMBERSHIP FEES.)

***If you need to complete any changes on this form,** please present with your payment at our monthly meeting, or email to the Secretary: **secretary@ssos.org.au**

If you are paying by direct deposit, (preferred), the **Society's Banking Details** are as follows:

BSB: 032 -112 **ACCOUNT NUMBER:** 368041

ACCOUNT NAME: Sutherland Shire Orchid Society Inc.

***** PLEASE ENSURE YOU PUT YOUR NAME IN THE REFERENCE FIELD!!! *****