

Application for Membership



The Orchid Society of Canberra Incorporated
PO Box 221
Deakin West ACT 2600
e-mail: orcsoc@yahoo.com
<http://www.canberraorchids.org>
[facebook.com/CanberraOrchidSociety](https://www.facebook.com/CanberraOrchidSociety)

I,
(full name of applicant)
of
(Street no, Street/ PO Box,)
.....
(Suburb, City, State/Territory, Postcode)

Phone: Email:

apply to become a member of the incorporated association. If I am admitted as a member, I agree to be bound by the rules of the association for the time being in force.

Note: All correspondence from the Society will be sent to your email address.

..... Date
(Signature of applicant)

I,
(full name)

a member of the association, nominate the applicant, who is personally known to me, for the membership of the association.

..... Date
(Signature of proposer)

I,
(full name)

a member of the association, second the nomination of the applicant, who is personally known to me, for membership of the association.

..... Date
(Signature of seconder)

Could you please provide the following information which may assist the Society in planning its activities and to better meet your interests:

1. How did you find out about the Society? (please tick)

Website Facebook Newspaper Radio Member Show
Other (please specify).....

2. Do you currently grow orchids Yes / No?

If yes, what type/s of orchids
.....

Please complete and return this form to the Orchid Society of Canberra Inc at the above address (postal or email) or present at meeting.

Membership fees payable annually are:

Single \$25

Joint \$30

Junior (including full time students) \$5

Payment of the membership fee may accompany your application. Payment may also be by direct deposit to the society bank account (please advise if you pay by this method)

Name: Orchid Society of Canberra Inc

BSB: 032719

Account Number: 620848

For detailed information on the Society (constitution, meetings, shows, committee members etc) see our website.