

FORM OF APPLICATION FOR MEMBERSHIP — THE ORCHID SOCIETY OF WESTERN AUSTRALIA, INC.

Single Membership: \$36 in first year, \$21.00 in subsequent years.
Double Membership: \$56 in first year, \$26.00 in subsequent years.

I/We, the undersigned, hereby apply for membership of THE ORCHID SOCIETY OF WESTERN AUSTRALIA (INC.) and if this application is approved, agree to comply with and be bound by the Rules of the Society.

NAME(S)	_____
ADDRESS	_____
PHONE	_____
EMAIL	_____
<i>(The monthly Bulletin will be sent by email, so be sure to provide an email address)</i>	
PAYMENT DUE (tick appropriate box):	
<input type="checkbox"/> \$36 (single, includes a name badge)	<input type="checkbox"/> \$56 (double, includes two name badges)
SIGNATURE(S)	_____
DATE	_____

I would like to receive a Welcome Pack of Neutrog fertilisers:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If you tick the "Yes" box, your contact details will be provided to Neutrog Australia Pty Ltd and you will receive occasional correspondence from Neutrog.)</i>		

I would like my birthday to be mentioned in the OSWA bulletin:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(If you tick the "Yes" box, please provide day and month of birth, eg 23 January.)</i> _____		

Submit this form in person at an OSWA meeting, or post to: The Orchid Society of WA 58 Gladstone Road, Leeming WA 6149	Pay by one of: Cash (submitted with this form at an OSWA meeting); Cheque (posted with form); or Direct Deposit to Bank - Westpac Bank, Booragoon, WA BSB - 036069 Account - Orchid Society of Western Australia Inc. Account Number - 457265 Reference - your name
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Office Use Only	
Proposer: _____	Secunder: _____
This applicant was admitted by the Committee as a member of the Society on _____	_____
(Date)	(Secretary)