

APPLICATION FOR MEMBERSHIP

I/We wish to apply for membership of the
Mackay District Orchid Society Inc.

Annual Membership fee required is:

\$15 Single, or \$25 Family

Pensioners:

\$10 Single, or \$15 Family

If accepted, I/We authorise you to enter my/our name(s)
in the Society's Register of Members and agree to be
bound by the rules and by-laws of the Society.

FULL NAME(S) in BLOCK LETTERS:

Mr/Mrs/Miss/Ms.....

Birth Date (Day & Month Only).....

ADDRESS:.....

PHONE No.....

E-mail.....

Are you a member of another Orchid Society?

yes no

If yes, name of Society.....

How long have you been growing orchids?..... years.

How many orchids do you have in your collection?

0-50 51-100 101-200 over 200

SIGNATURE(S).....

PROPOSED BY.....

SECONDED BY.....

APPROVED BY COMMITTEE.....

...../...../20.....