MAROONDAH ORCHID SOCIETY INC.

Reg. No. A0003398L ABN 30 619 667 521

MEMBERSHIP APPLICATION FORM - Finanial Year 20 / 20

Please print all details:

I _____ wish to join the Maroondah Orchid Society Inc.

Type of Membership: (Circle membership & amount to be paid)

Adult (Single)	**$16.00**	**Membership No.**
Family	**$20.00**	_____
Junior (16 years or under)	**$5.00**	**(Office use Only)**

If this is your first time registering, please include an extra $8 per member, for a membership badge.

Address Details:

Street : _____ _____ _____

Suburb : _____ _____ State : _____ Postcode: _____

Telephone Number Home : _____ Work : _____

Mobile: _____ Email Address: _____

Personal information: I agree that my personel information will be used by the society where necessary for social mailouts, publication of competition results newsletter articles and other purposes the Committee regards as necessary for the proper and efficient administration of the society.

I hereby undertake, on acceptance of this Application for Membership to the Maroondah Orchid Society Incorporated to abide by the **Rules** & the **By-Laws** of the Maroondah Orchid Society Incorporated.

Signature of Applicant: _____ **Date** _____

Family Membership: Please list all given names & relationship to primary member to be covered under this Membership. (Eg: Wife/Son Etc.)

Full Name: _____

(Surname & given Name of Primary Member)

Given Name	**Relationship**
_____	_____
_____	_____
_____	_____
_____	_____

Membership Renewal's are Due & Payable on the 1st. July of each Year. Members joining in the Second Half of the Year - January to June are only required to pay half the annual membership fee.

Membership of other Orchid Societies

Society Name	**Benching Status**
_____	_____
_____	_____
_____	_____
_____	_____

Post to:

Membership Secretary
Maroondah Orchid Society Inc.
P.O.Box 5076
Ringwood Vic. 3134

Edith Yu-Chan
6 Plume Court
Glen Waverley Vic 3150
Ph. 0411 378 096