

The Brisbane Orchid Society Inc.



Website: **bos.org.au** Email: **brisbane.orchid.society@gmail.com**

MEMBERSHIP APPLICATION FORM

TO: HON. SECRETARY
BRISBANE ORCHID SOCIETY INC.
PO BOX 2078
RUNCORN QLD 4113

I wish to become a member of The Brisbane Orchid Society and, if accepted, agree to abide by the Rules and By-Laws of the Society. I understand that the subscription per calendar year is as listed below and that such subscription becomes due on 1st January each year and is payable before 1st February for that year. Meetings are held on the fourth Monday of each month, excluding December, at the Progress Hall, 1873 Logan Rd Mt Gravatt, (opposite McDonald's) commencing at 7.30 pm.

SUBSCRIPTION: Single and Family Membership both \$25.00.

Junior Membership \$10.00 (under 16 years of age)

You can pay EFT via our square reader at the meetings or direct deposit to –
The Brisbane Orchid Society Inc. Bendigo Bank BSB: 633 000 A/c no. 154482673

Please ensure to use your name as a reference.

NOTE: The applicable subscription fee must accompany this application.

Membership is for Australian residents only.

Signature _____

Date: _____

NAME(S) _____

ADDRESS _____

POSTAL ADDRESS IF DIFFERENT _____

EMAIL ADDRESS _____

DAYTIME PHONE _____

MOBILE _____

Please tick M/ship type Single / Family / Junior

Number of yrs growing orchids _____

How did you hear of us? (Please circle) Show, Website, Word of mouth, Display, Other _____

Optional Badge Magnetic / Pin \$ 8.00 Please circle your choice

Please Print Clearly your Preferred Name on Badge

.....
Brisbane Orchid Society use only

Proposed by: _____

Seconded by: _____

Admitted to the Society on ___/___/___ Sec. Init. _____ Member No. issued _____ Class: O, I, N