


The Brisbane Orchid Society Inc.

 bos.org.au

 brisbane.orchid.society@gmail.com



Membership Application

TO: HONORARY 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.

SUBSCRIPTIONS:

Single and Family Annual Membership - \$25

Junior (Under 16 years of age) Annual Membership - \$10

Payment can be made at society meetings (cash or eftpos) or,

by direct deposit to The Brisbane Orchid Society Inc. Bendigo Bank BSB: 633 000 A/c no. 154482673

(Please use you name as the reference)

(NOTE: The applicable subscription fee must accompany this application. Membership is for Australian residents only.)

Signature: _____ Date: ___ / ___ / ___

Full Name: _____

Email: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Postal Address (If Different): _____

Phone: (_____) _____ Mobile: _____

Membership Type (please tick): Single Family Junior

Name Badge (please tick): Magnetic Pin Preferred Full Name: _____

Number of years growing orchids? _____

How did you hear about us (please tick): Show Word of Mouth Website Display Other _____

Office Use Only

Proposed by: _____ Seconded by: _____

Date Admitted: ___ / ___ / ___ Secretary Initial: _____

Membership Class: O I N Membership Number: _____