



EUROBODALLA ORCHID CLUB INC

ABN 49 208 061 267



APPLICATION FOR MEMBERSHIP

I/We

and

Residential address

..... Postcode:

Postal address (if different)

..... Postcode:

Email address:DOB (junior members only).....

Telephone No (Land line) : Telephone No (Mobile) :

apply to become members of the Eurobodalla Orchid Club Inc. If I/we are accepted as members I/we agree to be bound by the provisions of the Club's constitution and by any resolution of the Club or the Committee.

I have recently been / am now a member of the Orchid Society / Club and exhibit in the Open / Novice / Junior section (please indicate).

I have never belonged to an orchid club previously

I have no objection to the inclusion of my particulars in the club's list of members.

Signature(s) :

Date:

FEES (as of 1/1/19) – Joining fee \$10.00 per person **plus**
Subscription - Single \$10.00; Family/Dual \$15; Junior \$5.00

I wish to receive a hard copy of Newsletters, a fee of \$10.00 for the year be levied. Y/N

Preferred Name for name badge:

Accepted at Committee meeting date Membership No

Joining fee and sub paid \$ Receipt No. Date

Financial to 31 December Membership Officer

Date left club Reason

Date Name Badge ordered Received.....