

TOWNSVILLE ORCHID SOCIETY INC.

MEMBERSHIP APPLICATION FORM

Family Name..... Family Name.....
 First Name..... First Name.....
 Address..... Address.....

 Birthday (day/month only)..... Birthday (day/month only).....

Telephone.....

E-mail.....

NOMINATED BY.....SECONDED BY.....

(Can be completed at your first meeting)

We hold meetings for Novice/New Growers at 1:00 pm on the fourth Sunday of each month (except December) followed by our Monthly General Meeting at 3:00 pm at the Townsville Orchid Society Inc. hall, Joe Kirwan Park, Charles Street Kirwan.

MEMBERSHIP FEES (payable on submission of application form). Please tick appropriate box and indicate if Family or Single Membership requested.

MEMBERSHIP TYPE		FAMILY	SINGLE	\$	\$
<input type="checkbox"/>	ORDINARY MEMBER.....	<input type="checkbox"/>	<input type="checkbox"/>	20.00	15.00
<input type="checkbox"/>	PENSIONER MEMBER.....	<input type="checkbox"/>	<input type="checkbox"/>	10.00	7.50
<input type="checkbox"/>	COUNTRY MEMBER.....	<input type="checkbox"/>	<input type="checkbox"/>	10.00	7.50
<input type="checkbox"/>	JUNIOR MEMBER.....	<input type="checkbox"/>	<input type="checkbox"/>		7.50

The following information is requested to enable accurate placement of new members into the appropriate growing group. Answers to these questions will not affect your application for membership.

- Have you previously been a member of this or a similar society? Yes / No
- If yes, advise length of time in that society and growing section in which you were placed

- For what length of time have you been growing orchids?
- Approximate number of orchids presently in your collection?

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 Applicant/s to sign

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TOWNSVILLE ORCHID SOCIETY INC. INFORMATION

RECEIPT NUMBER..... MEMBER NUMBER.....

DATE ACCEPTED.....