



TOWNSVILLE ORCHID SOCIETY INC.

Application for Membership

Date: _____

Person 1
Given name _____ Surname: _____

Person 2
Given name _____ Surname: _____

Address: _____
Postcode: _____

Email: _____

☎ Home : () _____ ☎ Mobile: _____

Birthdays (optional DD/MM) Person 1: / _____ Person 2 / _____

Nominated by: _____ Seconded by: _____

Membership fees: Please tick / circle the appropriate information below to indicate membership type and whether **Family** (up to two parents/guardians and their under 18 year old children, living at the same residence) or **Single** membership.

Family \$20.00	Single \$15.00
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The following information is requested in order that new members can be satisfactorily placed in either the Novice or the Open Section. Answers to these questions will not affect your application for membership.

- Have you previously been a member of this or another similar society? **Yes / No**
- If yes, please supply details, including length of time in that society, and section in which you were placed.

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- For how many years have you been growing orchids? _____
 - Approximate number of orchids presently in your collection _____

In compliance with the Associations Incorporation Act we advise that the club has public liability insurance in the sum of twenty million dollars.



Applicant/s to sign

TOWNSVILLE ORCHID SOCIETY INC. INFORMATION

Receipt number: _____ Date: _____ Section _____ Membership number: _____

Entered into database: ____ Welcome Letter: ____ Welcome Pack: ____ Birthday: ____ Membership badge: ____