



Eastern District Orchid Society Inc.

Application for Membership

The Secretary
 Eastern District Orchid Society Inc
 P.O. Box 60, Wynnum Central Qld 4178

Dear Sir/Madam

I would like to become a member of Eastern Districts Orchid Society Inc. and enclose herewith the sum of \$ _____ in payment of **Single / Family** membership subscription (*Please circle membership type.*)

If my nomination is accepted, I authorise you to enter my name in the Society's Register of Members. I agree to be bound by the Rules of the Society.

(Circle desired title - Mr, Mrs, Ms)	
Surname:	Christian Names:
Address:	
..... Post Code:	
Email Address:	Phone No:
Preferred Name/s on Badge:	

Dated this day of 20

Signature.....

We the undersigned members, recommend this Application for Membership of the Society

Proposer: Secondor:

One year's subscription must be paid before this Application will be submitted for acceptance.

Are you a member of another orchid society: **YES/NO** (Circle one answer). If you answered YES what competition section are you in: **OPEN/NOVICE** (Circle one answer)

The Society has public liability insurance – limit of liability - \$20,000,000.

EDOS Inc Bank Account Details: Bank: CBA, BSB: 064 133, Account No: 00902647
If paying by bank deposit Please use your name as the reference

Membership Subscription: Family \$15.00 or Single \$15.00

<i>Receipt No.</i>	<i>Member No.</i>
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