



THE SPECIES ORCHID SOCIETY OF WA (Inc.)

MEMBERSHIP APPLICATION FORM

(PLEASE USE BLOCK LETTERS)

FIRST NAME: _____ SURNAME: _____

FIRST NAME: _____ SURNAME: _____

ADDRESS: _____

SUBURB/TOWN: _____ POSTCODE: _____

HOME PHONE: _____ WORK: _____ MOBILE: _____

EMAIL: _____

I would like the monthly newsletter via email or snail mail (please tick).

PLEASE INDICATE TYPE OF MEMBERSHIP REQUIRED (please tick). Please see below for annual membership fees:

FAMILY SINGLE

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

Do you have any objection to your name, address, phone numbers and email address being added to our members' listing that may be supplied only to our members?

YES NO

Please send form to or notify the Secretary of any change of address .

Secretary: Ken Jones

Address: 210 Hermitage Drive The Vines, WA 6069

Email: secretary@speciestoichidsocietywa.com

MEMBERSHIP FEES

FAMILY: \$30 per annum

SINGLE: \$20 per annum

BADGES: Pin fastening: \$14.00 each; Magnet fastening: \$16.00 each

YOUR PREFERENCE: Pin fastening Magnet fastenin g

YOUR NAME(S) PREFERENCE ON BADGES _____

New members who do not live in Perth will not require name badges. However you may still like to have one.