



**BEAUDESERT DISTRICTS
ORCHID AND FOLIAGE SOCIETY Inc.**

PO BOX 410, BEAUDESERT, QUEENSLAND.
4285

APPLICATION FOR MEMBERSHIP

The Hon. Secretary,

Date: ___/___/___

Dear Sir/Madam

I/we hereby apply to become a member(s) of the Beaudesert Districts Orchid and Foliage Society Inc. and include the sum of \$_____ in payment of the membership subscription.

My/our membership subscription is requested to be registered as:

- | | | |
|---------------------------------------|---------|--------------------------|
| Single Membership: | \$15.00 | <input type="checkbox"/> |
| Family Membership: | \$20.00 | <input type="checkbox"/> |
| Junior Membership (less than 18 yrs.) | \$ 4.00 | <input type="checkbox"/> |

Full Name (Prime Applicant):

_____ Phone: _____

Email Address: _____

Family Membership: (complete if applying for family membership)

Full Name(s): _____

Full Name(s): _____

Full Name(s): _____

Upon being accepted as a member(s) to the Beaudesert Districts Orchid and Foliage Society Inc. I/we agree to abide by the rules of the Society and any such amendments made to those Rules from time to time.

I understand that my acceptance as a Member to the Society is conditional upon payment of the Annual Subscription according to my accepted membership status.

Signature of Prime Applicant: _____

Society Use: Date Received: _____ Member No. _____

Form No. 001_2015