

THE KU-RING-GAI ORCHID SOCIETY INC
APPLICATION TO JOIN

Mr/Mrs/Ms :
 First Name Second Name Surname

(partner's name if seeking a family membership)

Mr/Mrs/Ms :
 First Name Second Name Surname

Of :
..... Post Code :

Telephone : Signed :

Email : Signed : (partner)

Proposed by : (print name) Seconded : (print name)

Signed : Signed :

I / We apply to join the Ku-Ring-Gai Orchid Society Inc. and hereby undertake, on acceptance of this application, to abide by all rules and By-laws of the Society.

I am currently a Novice / Open member of another orchid society. **Yes / No**

On acceptance of this application, I give permission for my name, address, and contact details to be published on a list circulated to other members of the Society. **Yes / No**