***ASPLEY ORCHID SOCIETY INC.***

# MEMBERSHIP APPLICATION

Annual Membership Fees – Family $20.00  Concession – Family $15.00 

Single $15.00  Single $ 10.00 

I/We wish to apply for Membership of the *Aspley Orchid Society Inc.* and agree to abide by the rules of the society;

Please print:

**Name/s** Mr, Mrs, Miss, Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code\_\_\_\_\_\_\_\_

Email. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Newsletter online 

Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Newsletter by mail 

Signature of Applicant/s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

# General and day meetings held monthly (February - November) in the Community Hall, Edinburgh Castle Road, Wavell Heights.

**General Meetings - 1st Thursday at 7.30pm**

**Day Group meetings - 3rd Thursday at 9.00am**

**A New Growers and Improvers Group is run for members on the 3rd Saturday at various venues.**

**Guests are invited to attend either or all meetings for 3 months and then asked to join if they wish to continue attending.**

***One year’s subscription must accompany this application.***

*Fees fall due at the beginning of each year.*

*Members joining after the end of Augustwill carry through to the end of the following year.*

**Please be advised Aspley Orchid Society Inc. holds public liability insurance to the value of $20,000,000.00**

**Enquiries to -** The Secretary- *Jan Patterson*

(07) 3269 7537

0402 252 264

[aspley@y7mail.com](mailto:aspley@y7mail.com)

Please return to –

The Secretary

Aspley Orchid Society Inc.

PO Box 323

VIRGINIA BC QLD 4014 – or email your application form and send membership fee EFT,

EFT Details

BSB 484-799

Account 054547071

Proposed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Seconded by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Accepted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_