



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 August-will 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

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 _____