



# ASPLEY ORCHID SOCIETY INC

## MEMBERSHIP APPLICATION

Annual Membership Fee

**Family/Single \$20.00**

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

<b>Title</b>	<b>Mr</b>	<b>Mrs</b>	<b>Miss</b>	<b>Ms</b>
<b>Name</b>				
<b>Address</b>				<b>Postcode</b>
<b>Email</b>				
<b>Telephone number</b>				
<b>Dated</b>				
<b>Signature</b>				

Meetings held monthly

**February to November**

General meeting (night)

**1<sup>st</sup> Thursday of the month 7.30pm start**

Day meeting

**3<sup>rd</sup> Thursday of the month 9.30am start**

New Grower & Improvers Group

**3<sup>rd</sup> Saturday – venues TBA**

Guests may attend any meetings for three months before deciding whether to join.

A one-year subscription must be included with this application.

Fees fall due on 1<sup>st</sup> January of each year.

Members who join after August will have their membership extended to the next year.

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

Please return to

Secretary  
Aspley Orchid Society Inc  
PO Box 323  
Virginia BC Qld 4014

Enquires to

Secretary  
Roslyn Hunt  
0402 156 448

Or email application to [aspley@y7mail.com](mailto:aspley@y7mail.com)

payment via direct debit  
BSB            484 799  
Account      054 547 071

Proposed by	Seconded by
Date accepted	President

**For Secretary use**

Committee	
Enter to data base	
Enter society number book – allot society number	
Details to editor	
Enter in members list	
Enter email list	
Enter in Aspley members list	
Letter of acceptance placed in members pack for presentation at next meeting if accepted by committee	
Prepare new members pack which is presented at next meeting	