APPLICATION for MEMBERSHIP of the BLACKTOWN CITY ORCHID SOCIETY

I/We_____
Name of Applicant

Of _____, _____ _____
Street Address Suburb Post Code

Telephone. 02 . . . . . 04 . . . . . 02 . . . . . .

Strike out if not applicable Home Mobile Work

Email _____@_____

Hereby apply for Membership of the Blacktown City Orchid Society.

I/we agree to abide by all of the Rules and By-Laws of the Society in force and as may be amended from time to time.

Signed	Date _____/_____/201

Please assist us by indicating your experience with Orchids

None or Limited ☐ Home Grower for ☐ years

Member of another Orchid Society Y/N Open / Novice / Junior

	Print Name	Signed
PROPOSED		
SECONDED		

MEMBERSHIP FEES --- Please Circle the appropriate fee for you.

Class of Member	Initial Joining Fee Plus	Annual Subscription
Junior	$10.00	$10.00
Adult	$10.00	$15.00
Adult Double/Couple	$10.00	$20.00
Family	$10.00	$25.00
Pensioner Single	$ 8.00	$10.00
Pensioner Double/Couple	$ 8.00	$13.00
Pensioner Family	$ 8.00	$15.00
Name Badge	$7.50	

Date Received	Date to Committee	Application Accepted	Acceptance Letter Sent	
		Y / N		
Joining Fee Paid $	Date Paid	New Member Pack Date	Membership #	Date badge Ordered.

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Disclaimer: The Information provided on this Form is only used by and available for the use of the BCOS Committee