



ONLINE MEMBERSHIP APPLICATION

ABN: 69 191 392 826
PO Box 1303 Mandurah WA 6210

Membership Entitlements

For a Nominal Annual Fee of \$5.00 receive loads of information at your finger tips every month including :

Club Newsletter

Growing Tips

Monthly cultural notes

Name:

Address:

Postal Address:

Email Address:

Phone:

Mobile:

I, the undersigned, hereby apply to be an online member of the Peel Region Orchid Society WA Inc. and if my application is approved, agree to comply with and be bound by the rules of the society and any By-laws, ethics and regulations pertaining to club membership.

I have read and agree to the above conditions.

Applicant's signature: **Date:**

This applicant was admitted by the Management Committee as a member of the society on

This application and membership fee should be submitted either in person or by mail to the Club Secretary, Peel Region Orchid Society WA Inc., PO Box 1303, Mandurah WA 6210. Cheques/Money Orders should be made payable to "Peel Region Orchid Society".