



Application for Membership

Return to: The Secretary, PO Box 424, Aspley QLD 4034
Or email: secretary@anoskabi.org.au

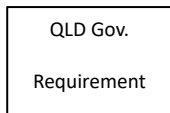
I/We wish to apply for membership of the Australasian Native Orchid Society (Qld) - Kabi Group Inc. and agree to abide by the rules of the society.

This application is for a Single Membership _____ Membership Fee \$18.00
 Family Membership _____ Membership Fee \$20.00
 Junior Membership (Under 18) _____ Membership Fee \$10.00

*Renewal of Membership i.e. Annual Fees, fall due on 1st January, each year.
Memberships accepted on or after 1st August are valid through to December 31st of the following year.*

The joining fee is included with this application.
 has been directly transferred to the society bank account:

Account Name: Australasian Native Orchid Society (Qld) - Kabi Group Inc.
BSB Number: 064-123
Account Number: 1021 5008
Use your SURNAME as Reference.



ANOS (Qld) – Kabi Group Inc. holds public liability insurance to the value of \$20,000,000.00

APPLICANT DETAILS:

First Name(s) Surname

2nd Family Member (if applicable)

First Name(s): Surname (if different)

Postal Address:

Suburb: Postcode:

Telephone: (Home) (Mobile)

Email Address: (First Applicant)

Email Address : 2nd applicant if separate Newsletter required)

Competition Status: Open Novice Non-Competitive

A novice is someone with less than 5 years growing experience who elects to compete as a Novice.
For family memberships, if one grower is regarded as Open then the family membership is regarded as Open.

Date of Application: Signature(s): |

MANAGEMENT COMMITTEE USE ONLY

Proposed By: Seconded By

(Name and Signature)

(Name and Signature)

Accepted Rejected. Date of Consideration: