



Australasian Native Orchid Society (Qld) – Kabi Group Inc.

✉ P.O. Box 424, Aspley, QLD 4034
📧 secretary@anoskabi.org.au
💻 https://anoskabi.org.au
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The Australasian Native Orchid Society (Qld) - Kabi Group Inc. is a group of people with an interest in Australasian native orchids and their hybrids. The name Kabi being derived from *Gubbi Gubbi* (Kabi Kabi) the name of the indigenous peoples of the local area, prior to settlement.

The group meets once a month (second Tuesday), except January, at the Newman Room, Geebung RSL, 323 Newman Road, Geebung.

The meeting commences at 7:30 pm and includes a guest speaker, a verandah discussion session (while benched plants are being judged), followed by reports and general business. Members are encouraged to exhibit plants at the meetings (tabled prior to start of meeting and before 7:20 pm). The plants are judged by ANOS judges who provide a commentary and group members participate in a popular vote. The meetings are followed by supper allowing members and visitors, time to chat.

The group organises field trips (bush walks and bush house visits), plant relocation activities and participates in several shows and displays throughout the year. Other social activities include bus trips and an Australia Day function.

A monthly newsletter *Kalhari* is emailed to all members.

APPLICATION FOR 6 MONTH FREE TRIAL MEMBERSHIP

I/We wish to apply for free trial membership of the ANOS (Qld) - Kabi Group Inc. for a period of six (6) months. Trial Membership is available to households who have never been a member of or had trial membership with ANOS (Qld) - Kabi Group Inc. Trial Membership is available at the discretion of the Kabi Group Management Committee and may be withdrawn at any time. Trial members must abide by the Kabi Group Code of Conduct.

APPLICANT DETAILS (PLEASE PRINT):

First Name(s): Surname:
2nd Family Member (if applicable)
First Name(s): Surname (if different):
Postal Address:
Suburb: Postcode:
Telephone (Home): (Mobile):
Email Address:
Date of Application Signature(s):

Email your completed application from to secretary@anoskabi.org.au or bring it with you to our monthly meeting.

MANAGEMENT COMMITTEE USE ONLY

Proposed By: Seconded By:
(Name and Signature) (Name and Signature)

Accepted Rejected. Date of Consideration: