

APPLICATION FOR MEMBERSHIP

Name:					
Address:					
	Post Code:				_
Phone Nº	Home:	()_			
	Mobile:				
Email:					_
Do you belo	ng to an	other O	rchid Club? Y	'es / No	
If so, which	club _				
State Show	Number	(if appli	cable)		
	<u>Receiv</u>	e the Cl	ub Magazine	by Post	
Subscriptio	_		ership Membership		
	Rece	ve Club	Magazine by	email	
Subscriptio	_		ership Membership	•	
send all new m	embers wel ontact detai	come samp	partnership agreer ole packs and corr ssed on to Neutro	espondence.	If you do not

Please send form and application fee to:-

The Secretary
The Orchid Club of South Australia
GPO Box 730, ADELAIDE, SA, 5001