

**NAMBOUR ORCHID SOCIETY INC.**

**MEMBERSHIP APPLICATION FORM**

*I/WE the undersigned, wish to apply for Membership of the above Society*

Name.....

Address.....

.....Postcode.....

Phone.....Email.....

Proposed by.....Seconded by.....

Signature.....Date.....

Annual Membership Fees \$10.00 per person. Membership year 1<sup>st</sup> December to 30<sup>th</sup> November

Membership renewal to be paid by the AGM in February. Email [nambourorchids@gmail.com](mailto:nambourorchids@gmail.com)

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