

**SHOALHAVEN ORCHID SOCIETY INC.
APPLICATION for MEMBERSHIP FORM**

PO Box 1022 Nowra NSW 2541



To join the Shoalhaven Orchid Society please

complete the application below and give it to

the

Secretary or send it to the Orchid Society at the address above with the fees applicable.

Mr/Mrs/Ms

Address:

Post Code: Phone: Mob:

E-mail Address:

The society newsletter is only sent via email unless you don't have a computer.

Tick the box if you don't have a computer. ☐

Please answer the following questions by placing an X in the appropriate box.

1. Are you a member or have you ever been a member of another Orchid Society?

YES ☐ NO ☐

If the answer is NO go to questions 4. If the answer is YES please indicate the Society you belonged to and in what section you exhibited.

2. Name of other Society.....

3. In what section did you exhibit? (Circle one) **Novice** **Intermediate** **Open**

4. Society badges are recommended and you will be advised where to purchase these at the meeting.

e.g.

SHOALHAVEN ORCHID SOCIETY
JOAN SMITH

I hereby apply to join the Shoalhaven Orchid Society Inc and undertake, on acceptance of this application, to abide by the By-laws and Rules of the Society

Applicant's Signature.....

Nominated by Date

NOTE – The nominator is to ensure that the form is completed correctly and dated.

Membership fee paid (Tick one) **Family (\$30)** ☐ **Single (\$20)** ☐ **Enter amount**

Talent Release Authority

I hereby consent for the Shoalhaven Orchid Society to use, reproduce, copy, exhibit or distribute (full or in part) any photographs, videos taken of me/us and/or my children (if family membership) and/or recordings made of my voice and/or written extraction, in whole or in part, of such recordings, or computer files in which I/we may be included for any purpose whatsoever.

Signed: