

Logan & District Orchid Society Inc
PO Box 411
WOODRIDGE Q 4114

MEMBERSHIP APPLICATION FORM

Mr Mrs Ms _____

Address _____

_____ **Post Code** _____

Phone No. _____

Mobile No. _____

Email Address _____

Are you happy to receive newsletter by Email
Y/N

Wish to join the Logan & District Orchid Society
Inc as a Single/Family member

Signed _____ **Date** _____

Do you belong to another Orchid Society? _____

Are you in novice, intermediate or open class?

Single Membership \$16 Family Membership \$20

Plus \$9.00 per person for a name badge

Proposed By _____

Seconded By _____

Please include subscription with application.