



NOMINATION FORM APPLICATION FOR MEMBERSHIP

ABN: 69 191 392 826
PO Box 1303 Mandurah WA 6210

Membership Types *(please circle one)*

New:	Double/ Family \$25	Single \$20	Junior \$5
Renewals:	Double / Family \$20	Single \$15	Junior \$5

Membership Entitlements

A full membership with the club entitles you to participate in all club activities, access to the club's library, invitations to attend special events hosted by the club and receive the club's monthly newsletter and cultural notes.

Name:

Address:

Postal Address:

Email Address:

Phone:

Mobile:

Nominated by:

Seconded by:

Rules of Nomination

- Nomination & seconding shall be made by financial members only.
- Acceptance of nomination shall be put to the Management Committee to be considered for approval.

I, the undersigned, hereby apply to be a member of the Peel Region Orchid Society WA Inc. and if my application is approved, agree to comply with and be bound by the rules of the society and any By-laws, ethics and regulations pertaining to club membership.

I have read and agree to the above conditions.

Applicant's signature: **Date:**

This applicant was admitted by the Management Committee as a member of the society on

This application and membership fee should be submitted either in person or by mail to the Club Secretary, Peel Region Orchid Society WA Inc., PO Box 1303, Mandurah WA 6210. Cheques/Money Orders should be made payable to "Peel Region Orchid Society".