



Cape ORCHID Society

Membership application 2018

Please tick boxes where appropriate

Renewal New Member

The Cape Orchid Society
www.capeorchidsociety.co.za

Please enrol me/us as member/s of the Cape Orchid Society.

NAME 1: Prof Dr Mr Mrs Ms (First name): _____ DOB: _____

I already have a name badge (Surname): _____

NAME 2: Prof Dr Mr Mrs Ms (First name): _____ DOB: _____

I already have a name badge (Surname): _____

CHILDRENS NAMES (Family members under 16yrs):

First name: _____ First name: _____ First name: _____

DOB: _____ DOB: _____ DOB: _____

Address: _____

P.Code: _____ Email address: _____

Telephone (home): _____ (work): _____ (cell): _____

- I/we am/are a beginner
- I/we have an Orchid collection
- I/we wish to receive your newsletter via email
- I/we wish to receive Show schedules for the Autumn and Spring shows
- I/we wish to help at either of our shows this year

Name badge: R50 Applicable for new members

ANNUAL SUBSCRIPTION:

- Individual member R330
- Family member R360 for two (add R40 for each additional member)
- Scholar member R265
- Trade member R400 Name of company: _____
- Associate member R140 Name of affiliated society: _____
- Family Associate R170 for two (add R40 for each additional member)
- Honorary/Life member R200

Total amount R

Signatures of two members who propose and second you:

DATE:

YYYY MM DD

PROPOSED BY _____

SECONDED BY _____

Note: All applications must be approved by the Committee.

PLEASE COMPLETE THIS FORM IN FULL AND HAND IT TO THE SECRETARY AT THE SOCIETY'S NEXT MONTHLY MEETING. PAYMENT SHOULD BE MADE WITH CASH OR BY EFT TO STANDARD BANK A.C 375350322 PLEASE USE YOUR SURNAME AS REFERENCE AND PROVIDE PROOF OF PAYMENT WHEN PRESENTING YOUR APPLICATION FORM.