



Membership application 2022

Please complete this form in full and bring it to a Society meeting or email to president@capeorchidsociety.co.za.

Please tick boxes where appropriate.

NAME 1

Title: Prof Dr Mr Mrs Ms Name: _____ DOB: _____

NAME 2

Title: Prof Dr Mr Mrs Ms Name: _____ DOB: _____

PHYSICAL ADDRESS _____

EMAIL ADDRESS _____

TEL (CELL) _____ TEL (HOME) _____

ANNUAL SUBSCRIPTION (includes COS and SOAC membership fees)

- | | | |
|---|------|--|
| <input type="checkbox"/> Individual member | R350 | |
| <input type="checkbox"/> Family member | R390 | (Two people – add R40 for each additional family member) |
| <input type="checkbox"/> Scholar member | R265 | |
| <input type="checkbox"/> Trade member | R400 | Name of company: _____ |
| <input type="checkbox"/> Associate member | R140 | Name of affiliated society: _____ |
| <input type="checkbox"/> Family associate | R140 | (Two people – add R40 for each additional family member) |
| <input type="checkbox"/> Honorary Life Member | R210 | |

Payment should be made with cash or EFT (**Cape Orchid Society, Standard Bank, Account number 375350322, Code 051001**).
Please use your surname as reference.

I hereby give permission to the Cape Orchid Society keep my personal information on record and share it with the South African Orchid Council.

Signature

Date