



## Membership application 2024

Please complete this form in full and bring it to a Society meeting or email to [president@capeorchidsociety.co.za](mailto: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)

- Individual member R400
- Family member R450 (Two people – add R50 for each additional family member)
- Scholar member R285
- Associate member R160 Name of affiliated society: \_\_\_\_\_
- Family associate R160 (add R50 for each additional family member)
- Honorary Life Member R240

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