



**RENEWAL FORM FOR INDIVIDUAL OR FAMILY MEMBERSHIPS**

**\*RENEWAL FOR AFFILIATED SOCIETY**

*Annual Renewal Due Date – 1st July*

Membership Name/s: .....

Address: .....

Email: ..... Phone: .....

Orchid News: Post  (If you choose this option please add \$10 to your membership renewal)  
Email

**MEMBERSHIP RATES**

Please tick appropriate box.

- Single Metropolitan Member \$25.00
- Joint Metropolitan Member \$32.00 (i.e. \$27 membership & \$5 for insurance)
- Single Country and Interstate \$22.00
- Posted copy of Orchid News \$10.00
- Joint Country and Interstate \$29.00 (i.e. \$24 membership & \$5 for insurance)
- Associate Member \$20.00
- Overseas Member \$32.00
- Affiliated Society \$62.00 (\* Please fill in form below)

Total amount enclosed: \$ .....

**METHODS OF PAYMENT**

**Cheques** are to be made payable to: *The Orchid Society of New South Wales Inc.*  
Please post to PO Box 5396, Chullora NSW 2190 or bring along to a meeting of the Orchid Society of NSW which meets last Monday of each month at Ermington Community Hall, River Road, Ermington.

**Cash payment** in person at meeting of the Orchid Society of NSW

**Direct Deposit#:**

Account Name: Orchid Society of NSW  
Commonwealth BSB: 062 434 (If paying in person you must do it through a Commonwealth Bank or a fee will be charged at a different bank)  
Acct No.: 10011702

*#Reference for the direct deposit must be your name – if this information is not included your membership will not be accepted.*

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Affiliated Society: .....

Contact Name for web: .....

Address: .....

Email: ..... Phone: .....

Meeting location and Time: .....