

Gosford & District Orchid Society Inc.
affiliated with The Orchid Society of New South Wales Inc.

Application for Membership

I/We _____
Christian Names Surname

Address : _____

_____ Post Code : _____

Telephone _____

Please make cheque out to : Gosford & District Orchid Society Inc
Post cheque & application form to :
Gosford & District Orchid Society
Honorary Secretary
Post Office Box 541
Gosford NSW 2250

Request Membership of , and agree to be bound by the Constitution and Rules of the Gosford & District Orchid Society Inc.

Signature : _____

Proposed by : _____

Seconded by : _____

OFFICE :

Annual Subscription \$ _____

Accepted / Rejected : _____

Date : _____

Society meets at Kincumber School of Arts Hall. On the corner of Avoca Drive & Empire Bay Drive Kincumber. Fourth Wednesday of each month at 7:30 pm.