



# **BRIBIE ISLAND ORCHID SOCIETY INC.**

**PO Box 127 Bribie Island Q 4507**

**[www.bribieislandorchidsociety.com.au](http://www.bribieislandorchidsociety.com.au)**

**Email [bribieorc@gmail.com](mailto:bribieorc@gmail.com)**

**President: Diann Sirett 0412 416 207**

**Secretary: Teresa Watson 0407 782 290**

**Treasurer: Ros Ramsey 0434 093 030**

## **MEMBERSHIP APPLICATION**

I/We wish to become a member of the Bribie Island Orchid Society Inc. and agree to abide by the rules of the Society.

(Please print)

Name/s .....

Address .....

..... Post Code .....

Telephone .....

\*\* Email .....

How long have you been growing Orchids? ..... years

Have you won a Champion Award in any Open Section at any Society Shows?

No Yes (Please circle appropriate answer)

How many Orchids do you have in your collection? 0—50, 51—100, 101—200, over 200

(Please circle appropriate answer)

Are you or have you been a member of another Society?

If 'Yes', what is the name of the Society? .....

Annual Membership      Single \$15      Family \$20      (attached—No / Yes)

Signature of Applicant ..... Date .....

Please return to -

The Secretary

Bribie Island Orchid Society Inc

PO Box 127, Bribie Island Q 4507

Proposed by ..... Seconded by .....

Date Accepted ..... Signed ..... President