

AUSTRALIAN RHODODENDRON SOCIETY VICTORIAN BRANCH Inc. (A5896Z)

Membership Registrar, P.O. BOX 500, BRENTFORD SQUARE, Victoria 3131, AUSTRALIA.

Telephone: (National): 0418 340 240, (International): +61 418 340 240 Email: secretary@vicrhodo.org.au

APPLICATION for MEMBERSHIP

(ABN 70 723 138 385)

I. (full name) _____

of (home address): _____

State: _____ Postcode: _____ Country: _____

Contact Telephone: _____ Email Address: _____@_____

desire to become a member of the Australian Rhododendron Society, Victorian Branch Inc. (ARSVBI). In the event of my application being accepted I agree to be bound by the constitutions of the Australian Rhododendron Society Inc. and the ARSVBI. Included herewith is payment of the annual subscription (please see below). I understand that my application will be considered by the Branch Committee at its next meeting and that membership is conditional upon approval by the Branch Committee, in accordance with the constitution of the ARSVBI and The Associations Incorporation Act of Victoria.

Your Signature: _____ **Date:** _____

Membership entitles each member to receive the newsletter (6 per year), the national journal 'The Rhododendron', a named membership card, free entry to all Society shows, meetings & activities. It entitles the member to one vote on all issues raised at Special General Meetings and the Annual General Meeting of the Society. Free admission is available to many State parks & reserves.

Please note, all new memberships received after 1st January each year, will receive membership to next 30 June + one year.

4-3220	Membership, Subscription, Newsletter & Journal (one year) from 1 July to 30 June.	\$ 25
	M/- Sub & N/Letter in Advance (N years x \$25) (optional) =	\$
4-3500	Overseas Airmail postage (optional).	\$ 15
4-1100	Donation to Society activities.	\$
<u>Total Remitted (Cash, Cheque or Credit Card)</u>		\$

I wish to pay by the following method: (please tick one item).

Cash or Money Order: (in Australian Dollars):

Cheque: (payable to Australian Rhododendron Society Victorian Branch Inc, in Australian Dollars):

Charge my credit card: (Visa, MasterCard). (Please write full details below):

The NAME on your CREDIT CARD: _____

CREDIT CARD NUMBER:

The EXPIRY DATE: / **YOUR SIGNATURE Please:**

Your ALTERNATIVE mailing address (Post Box, Business etc). (Please write full details here, if required).

NAME _____

Address: _____

State: _____ **Postcode:** _____

Your Telephone number: _____ **Email Address:** _____

If you wish to receive your Newsletter by email, please write your email address and tick the box.

OFFICE use only.

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M/- Card No: _____ M/- No: _____ Rec. No: _____

Date received: _____ Publications Sent: _____