



THE WITWATERSRAND ORCHID SOCIETY

Mail: P.O. BOX 72007,
PARKVIEW,
2122.
SOUTH AFRICA
E-Mail: info@witsorchid.co.za
President: Marinus Kort 082 447 5081

APPLICATION FOR MEMBERSHIP 2019

I, (full names).....
(Please print)

(I.D. No.....) hereby apply for membership of the Witwatersrand Orchid Society (WOS). I promise to pay all relevant subscription fees, and to abide by the Constitution of the said Society and all decisions reached by the Management Committee of the WOS.

Membership Class: (tick which class required)	Full Single	(Single person membership)
	Full Family	(Member & Spouse/Partner)
	Associate	(Does not include SAOC membership)

Subscriptions are for the 12 month period (1st January to 31st December) payable before 1st January every year

Full names of Spouse/Partner
(If applying for Family membership)

Occupation

Physical Address
.....**Code**.....

Postal Address
(If not same as physical address)**Code**.....

E-mail Address

Telephone Nos. Home ()..... **Work** ().....

Cell Phone

Date **Signature**

SUBSCRIPTION FEES

Full Single membership	R 320
Full Family membership	R 370
Associate	R 140 (if SAOC fees already paid via another Society)

Banking details: Standard Bank, Cresta, Branch Code (00) 051001, A/C No. 023092491