



WITWATERSRAND  
ORCHID SOCIETY

# THE WITWATERSRAND ORCHID SOCIETY

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Chairman: Marinus Kort 082 447 5081

## APPLICATION FOR MEMBERSHIP 2020

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.

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

Subscriptions are for the 12 month period (1<sup>st</sup> January to 31<sup>st</sup> December) payable before 1<sup>st</sup> 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 2020

Full Single membership	R 320
Full Family membership	R 370
Associate	R 140

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