



WESTERN AUSTRALIAN NATIVE ORCHID STUDY AND CONSERVATION GROUP INC

PO Box 323 Victoria Park WA 6979
www.wanoscg.com.au

APPLICATION FOR MEMBERSHIP

(Individual or Family)

For membership details and other useful information please see the attached [How to Apply for T^ à!• @ Á -WANOSCG"](#)

Date of Application (dd/mm/yy^ ^) _____

INDIVIDUAL MEMBERSHIP

Membership Class (Tick the box) : Ordinary Associate

Surname _____ First name _____ DoB _____

Signature* _____

Address _____

State _____ Postcode _____ Telephone _____

Email _____

OR FAMILY MEMBERSHIP

Street Address _____

State _____ Postcode _____ Telephone _____

Postal Address _____

(If different from above)

Email _____

Details of those to be covered by this Family Membership

	Class	Surname	First name	DOB	Phone	Signature
1.						
2.						
3.						
4.						
5.						

* By signing this form, we the signatories, hereby apply for membership of the Western Australian Native Orchid Study and Conservation Group (Inc) ("WANOSCG") and subject to the approval agree to comply with and be bound by WANOSCG's Constitution, associated By-Laws and their amendments.

Nominated by (must be a current WANOSCG member)

Name: _____ Signature _____ Date _____

Office Use Only

Committee Decision _____ Date _____

Please note:

- All persons listed in Family Membership must sign the application.
- If membership status is changing for whatever reason (eg additional family member) the application for membership form must be resubmitted.
- Only new applicants need to be nominated by a current WANOSCG member. Existing members completing the form to comply with the new constitution just need to complete their own details for the purposes of the WANOSCG record of members.