



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 Guidelines
"How to Apply for Membership of WANOSCG"

Date of Application (dd-mmm-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						

Nominated by (must be a current WANOSCG member) but, if you are not acquainted with a member, leave blank and a member of our committee will follow up with you.

Name: _____ Signature _____ Date _____

Please note:

1. All persons listed in Family Membership must sign the application.
2. If membership status is changing for whatever reason (eg additional family member) the application for membership form must be resubmitted.