



THE WITWATERSRAND ORCHID SOCIETY

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PARKVIEW,
2122.
SOUTH AFRICA
E-Mail: wos@webmail.co.za
Secretary: Joey Kok 082 899 5565

APPLICATION FOR MEMBERSHIP

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: **Full Single** (Single person membership)
(tick which class required) **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 (Includes a once-off entry fee payment of R25)

Full Single membership R260 + R25 = R285
Full Family membership R310 + R25 = R335
Associate R110 + R25 = R135

Banking details: Standard Bank, Alberton Branch, Branch Code 012342, A/C No. 023092491