

TYGERBERG ORGIDEË GROEP TYGERBERG ORCHID GROUP

Non-Profit Organisation Number 030-660-NPO
P.O. Box 195 BELLVILLE 7535

APPLICATION FOR MEMBERSHIP

MAIN MEMBER:

Title:..... Initials:..... Surname:..... Nickname:.....

Address: Tel:.....(H)

.....(W)

Code(Cell)

OCCUPATION:.....

Do you currently belong to another Orchid society?.....(if yes. which?).....

ADDITIONAL MEMBER : (Spouse/ Scholar/ Student)

TTitle:..... Initials:..... Surname:..... Nickname:.....

Address: Tel:.....(H)

.....(W)

Code(Cell)

MEMBERSHIP FEES

A. ENTRY FEE R20.00

B. MAIN MEMBER: MEMBERSHIP R55.00

SAOC AFFILIATION FEE R75.00 R130.00

C. ADDITIONAL MEMBER (SPOUSE/SCHOLAR/STUDENT) R15.00

TOTAL
=====

Signature:
(Applicant)

Date:.....

.....
(Nominator)

.....
(Seconder)

Membership is subject to the authorisation of the management-committee.