BLUE MOUNTAINS RHODODENDRON SOCIETY OF NSW INC.

P.O. BOX 238, BLACKHEATH NSW 2785

MEMBERSHIP FORM

1 July 2014 – 30 June 2015

Please circle preferred title **Mr.** **Mrs.** **Ms.** **Other**_____

SURNAME _____

GIVEN NAMES _____

ADDRESS_____

_____ **POSTCODE**_____

TELEPHONE NO._____ **EMAIL ADDRESS**_____

DATE_____ **SIGNATURE** _____

Please include all names where more than one member applicable

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Membership Renewal	**($11.00 per person)**		**$**_____
New Members	**($11.00 per person)**		**$**_____
Donation (optional)			**$**_____
		Total enclosed	**$**_____

☐ **Cheque** ☐ **Cash** ☐ **Direct credit**

Cheques to be made payable to Blue Mountains Rhododendron Society of NSW Inc.

Direct credit payment to:

A/C name: Blue Mountains Rhododendron Society of NSW Inc.

BSB: 062507 A/C #: 10012075, please use your surname as a reference to help us identify your payment

Renewals/New memberships to be forwarded to:

Membership Secretary, P.O. Box 238, Blackheath NSW 2785

Please tick areas of interest:

- ☐ **Volunteering for gardening**
- ☐ **Volunteering for functions**
- ☐ **Exotic plants**
- ☐ **Native plants**
- ☐ **Special skills, interests or hobbies** _____

Would you prefer to be notified by email when the newsletters are available to be accessed on the website?

- ☐ **Yes**
- ☐ **No**

OFFICE USE ONLY:

Receipt No:_____ Date:_____ Membership No:_____