

THE AFRICAN VIOLET ASSOCIATION OF AUSTRALIA, INC

MEMBERSHIP APPLICATION

I, the undersigned, hereby apply for membership of the above Association. I understand that I may attend Meetings as a visitor until my application is considered by the Committee of Management.

Name: (Please print)

Mr/Mrs/Miss
 Given Name *Surname*

Address:
.....
.....STATE.....P'CODE.....

Phone:(Home)
.....(Business)

Scale of Fees per year/per three years

Single:	\$16.00/\$42.00	Pensioner:	\$12.00/\$30.00
Family:	\$18.00/\$48.00	Pensioner Family:	\$14.00/\$36.00

Membership year is from the 1st January to the 31st December

I enclose \$..... for membership of one year/three years

Signature: **Date:**

Please enclose cheque/money order made payable to the African Violet Association of Australia Inc. and forward to:

Membership Secretary, Mrs S Armstrong,
9 Pritchard Avenue,
Hammondville NSW 2170
(Phone: 02 9825 1950)