

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:
.....

Phone: (Home)

.....(Business)

Email Address for Newsletters:

Scale of Fees: per year/per three years

Single: \$18.00/\$48.00	Pensioner: \$14.00/\$36.00
Family: \$20.00/\$54.00	Pensioner Family: \$16.00/\$42.00

Membership year is from the 1st April to the 31st March

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)