

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 Names

Surname

Address:

..... STATE.....P'CODE.....

Phone:(Home)

.....(Business)

Email Address for Newsletters

Scale of Fees per year

Single: \$18.00 *Pensioner:* \$14.00

Family: \$20.00 *Pensioner Family:* \$16.00

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

I enclose \$.....for membership of one year

Signature: **Date:**

Please enclose cheque/money order made payable to the African Violet Association of Australia Inc. and forward to: African Violet Association of Australia, c/o 5 Colban Street, Balcolyn, NSW. (Telephone: 0427 982 773)

Payment may **also** be made by depositing the correct amount in the Association's bank account and sending the form to the above address with a copy of the deposit receipt.

Banking details:

BSB: 062 265
Account Number: 1022 2860
Account Name: African Violet Association of Australia