



## **NEW MEMBERSHIP FORM**

Please **PRINT** clearly and neatly.

**Mr/Mrs/Miss/Ms/Dr** (*cross out non applicable*)

**Given names**.....

**Surname**.....

**Postal Address**.....

**Home Address**.....

**Phone number**.....

**Mobile phone number**.....

**Email address**.....

**I would like my Cymbidnews posted/emailed** (*cross out non applicable*) **to me.**

**I wish to join the Cymbidium Club of Australia Inc. My membership includes 6 issues of the ‘Australian Orchid Review’ magazine and 9 monthly issues of the Club Newsletter ‘Cymbidnews’.**

**I enclose my subscription for \$55.00. Please indicate if you already subscribe to the ‘Australian Orchid Review’. Expiry date .....(Check the front of your AOR envelope). Membership without A.O.R. \$15.00.**

*Please make all cheques payable to* **Cymbidium Club of Australia Inc.**

*Please mail this form and your cheque to*

**Mr Peter Moore**

**Secretary, Cymbidium Club of Australia Inc.**

**10 Stephanie Street**

**PADSTOW NSW 2211**