

Orchid Society of Mauritius

(Founded in 1980)

MEMBERSHIP APPLICATION FORM

(All fields to be completed using BLOCK LETTERS)

Please complete the application hereunder and send it to the Secretary at the address indicated.

INDIVIDUAL APPLICATION		COMMERCIAL APPLICATION		
SURNAME		Company Name		
OTHER NAMES		Address		
HOME ADDRESS				
		Telephone		
EMAIL		Facsimile		
MOBILE PHONE		Email		
HOME PHONE		Business Reg. No.		
OFFICE PHONE		Activity		
National ID Card No.				

I have been growing orchids for the past year(s) / a beginner

I am applying to become:	[1 An ordinary member	or	ſ] A commercial member.
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I read the by-laws of the Society and I hereby accept to abide by the rules and regulations of the Orchid Society of Mauritius.

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Date	Applicant's signature	Name of proposer	Proposer's signature

Upon receipt of a notification of approval, I agree to pay the following fees:

Ordinary Member fees []	Commercial Member fees []
MUR1,000 – Entrance fee	MUR1,500 – Entrance fee
MUR1000 – Annual fee	MUR1,500 – Annual fee

Fees can be paid either by (i) bank transfer to the Society's account 000070012652 held with The Mauritius Commercial Bank Limited ("MCB") OR (ii) by crossed cheque drawn to the order of "Orchid Society of Mauritius" and to be sent to The Secretary, Orchid Society of Mauritius, P.O. Box 10, Quatre-Bornes, Mauritius.

Further details are available on our website : <u>www.orchidmauritius.org</u> OR by contacting the Secretary by email at <u>orchidosm@gmail.com</u>

FOR OFFICE USE ONLY	
Approved by NAME:	Signature:
Ref: OSM/MAF/	Date: