

Application for Membership of the Clivia Society of NSW Inc.

I hereby apply to become a financial member of the Clivia Society of NSW Inc.

If accepted as a member I agree to be bound by the Constitution and any

| By-Laws of the Society. |
|--|
| Full Name |
| Street Name |
| SuburbPostcode |
| Contact Telephone Number |
| Email Address |
| Signature of Applicant |
| Note: Membership details will not be made available to anybody outside the Society without your formal consent. Contact details may be shared within the Society to allow networking unless you ask for the Executive Committee to be the sole holders of this information. Do you consent for your details to be made available to other members? |
| YES / NO |
| Method of payment (Please circle where appropriate and show the amount paid) |
| Cash \$ Cheque \$ EFT \$ |
| Send this form to the Membership Secretary of the Society, Ray Sidoti. |
| Email: rmsidoti@hotmail.com Postal address 96 Moana St Woy Woy NSW 2256 |
| . Membership charge \$25 p/a Direct Payment (EFT) to Clivia Society of NSW Inc |
| . BSB 012-318 Account No 2857 - 03753 |
| . Please show your name when making payment by this method. |

. Cheques and postal orders (not cash) can be sent to the Membership Secretary

. The membership year adopted by the Society is from 1st January to 31st

. December. Membership payments are due on 1st January.