

APPLICATION FOR MEMBERSHIP

BROMELIAD SOCIETY of QUEENSLAND Inc.
PO Box 565, Fortitude Valley QLD 4006
(www.bromsqueensland.com.au)



I hereby apply for Membership of the Bromeliad Society of Queensland Inc, and, if accepted, I will abide by their rules and regulations as set out within the Constitution and Bylaws of the Society.

I also agree to abide by the Rules and Regulations of the Department of Primary Industry in matters relating to the control of Fire Ants.

I also acknowledge that the Bromeliad Society of Queensland Inc. may from time to time forward details of its Membership Register to the Department of Primary Industries for confirmation of Restricted Areas in relation to Fire Ant Control, and use Membership Register information for other Society-related purposes.

PLEASE PRINT PERSONAL DETAILS

SURNAME:

FIRST NAME (s):

ADDRESS:

.....**POST CODE:**.....

PHONE (s):

EMAIL:

SIGNED:

PUBLIC LIABILITY INSURANCE: \$10 million

FINANCIAL YEAR: January-December

FINANCIAL MEMBERS: Renewals accepted up to Annual General Meeting in March. After that date members will be deemed unfinancial.

ANNUAL FEE (Family \$40, Single \$35) \$.....
Pro-Rata Fees apply to new members joining from 1st April onwards.

April – June **Single \$25 | Family \$30**

July – September **Single \$15 | Family \$20**

October – December **Single \$45* | Family \$50* – *Includes fees for following year.**

TOTAL: (Cash, Cheque, Money Order) \$.....

Proposed by:

Seconded by:

DATE ACCEPTED:

COMMITTEE USE ONLY

- 1. Secretary Database updated
- 2. Treasurer Receipt No..... Date.....