



**MEMBERSHIP APPLICATION FORM**

(Please print and circle option chosen)

I/we would like to apply for single/double membership of **Ku-ring-gai Horticultural Society Inc.**

Title (Dr Mr Mrs Miss Ms).....

Given name/s.....

Surname/s.....

Address.....

Address.....P/C.....

Telephone.....

Email.....

Name/s for Badge.....

**Subscription:    \$25 single    \$35 double**

I/we enclose a cheque/cash for \$.....payable to Ku-ring-gai Horticultural Society Inc. *(Please circle method of payment)*

Signature.....Date.....

Signature.....Date.....

How introduced.....

Your payment and the application form may be sent to:

Mrs Helen Gilkes, 20A Normurra Avenue, North Turramurra 2074 or handed in at a meeting.

Please indicate method of payment by circling one of the following: cash, cheque or electronic banking.

If using electronic banking, put your surname and the word 'membership' in the description.

Account Name: Ku-ring-gai Horticultural Society Inc. BSB: 062173 Account Number: 00900110

**Please note: Your newsletter is sent about a week before the meeting as an email attachment.**