

Membership Application Form:

I/We hereby wish to apply for: (Please mark choice with an X)

New membership []

or

Renew membership []

of the S.A. ORCHID COUNCIL for the year _____

NAME: _____

ADDRESS: _____

EMAIL ADDRESS : _____

Enclosed please find my Cheque for the amount of: _____

in favour of the SOUTH AFRICAN ORCHID COUNCIL

For direct Bank transfers, please contact the secretary for banking details.

Signature of Applicant: _____ Date: _____

The South African Orchid Council
P.O. Box 85
EDENVALE
1610
SOUTH AFRICA

e-mail the SAOC Council
PHONE : +27 (11) 452 0600

Reg. No. 1978/004040/08)
Incorporated Association - Not for Gain

Should you wish to be a member of the SAOC and not through affiliation to one of the orchid societies, you can do so by contacting the secretary of the SAOC.

Membership Fees 2015:

Within South Africa and neighbouring states - R185.00 for members affiliated to SAOC Societies
R185.00 for members not affiliated to SAOC Societies
Overseas: US\$40.00 USD

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NB. Membership of the S.A. Orchid Council ensures receipt of a copy of the SAOC Journal
(Presently two publications per year)

MEMBERSHIP FEES should be sent to:-
The Secretary
South African Orchid Council
Box 85,
EDENVALE
1610
South Africa