

Coffs Harbour Orchid Society

 **application for membership**

(Please Print)

I/We,

(full name of applicant/s)

Of (address)

Post Code…………………………………………………….

Phone No: (H) (W)

Email:

Mobile Phone:

I, hereby apply to become a member(s) of the above-named incorporated Society. In the event of my/our admission as member/s, I/we agree to be bound by the rules of the Society for the time being in force.

 …………………………………………………………………………………………………………… Date: ……………….

 (signature of Applicant/s)

I, ……………………………………………….. …………………………………………………….

Name & signature of the Proposer

I nominate the above applicant/s for membership of the Coffs Harbour Orchid Society.

Date:

**Post to Paige Sinclair, 4 Jean Street, Coffs Harbour, 2450.**

**Or Hand to Membership Manager.**

**Or Email to chorchidsociety@gmail.com**

Membership $10.00 per year single, $15.00 per family, $5.00 junior under 16years.

**Bank Details:**

**Coffs Harbour Orchid Society Inc.**

**BSB: 533-000 A/c No. 32817199**

**Office Use:**

**APPROVED**: ………………………………………… (Initials/Meeting Date)

**MONEY RECEIVED:** ………..

**ADVISOR APPOINTED:** ………………………………………. (Name)

**NEW MEMBER NOTIFIED OF APPROVAL:** ………………. (Date)

Version 01 08 2023

|  |  |
| --- | --- |
| ***CHOS questionnaire for new members*** |  |

To help us provide benefits to you as a new member, please fil in the questionnaire below. (🗹 in the space provided)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Experience** | **Experienced** | **Some Expedience** | **No Experience** | **Comment** |
| General Orchid Culture |  |  |  |  |
| Australian Native  |  |  |  |  |
| Bulbophyllum |  |  |  |  |
| Catasetinae Alliance |  |  |  |  |
| Cattleya (Laeliinae Alliance) |  |  |  |  |
| Coelogyne |  |  |  |  |
| Cymbidium |  |  |  |  |
| Dendrochilum |  |  |  |  |
| Dendrobium (soft cane) |  |  |  |  |
| Dendrobium (hard cane) |  |  |  |  |
| Lycaste  |  |  |  |  |
| Oncidium Alliance |  |  |  |  |
| Paphiopedilum/ Phragmipedium |  |  |  |  |
| Phalaenopsis |  |  |  |  |
| Sarcochilius |  |  |  |  |
| Stanhopea |  |  |  |  |
| Vandaceous Alliance |  |  |  |  |
| Zygopetalum Alliance |  |  |  |  |
| Other (please list) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Pest and Disease control |  |  |  |  |
| Repotting |  |  |  |  |
| Watering/Fertilizing |  |  |  |  |
| Climate control (heating, light levels, and fans, etc) |  |  |  |  |
| Orchid house design and placement |  |  |  |  |
| Choice of suitable orchids and reputable suppliers |  |  |  |  |

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to be put in contact with an Advisor. Yes or No (Circle)

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Only**: Advisor Allocated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_