

Gold Coast Succulent & Bromeliad Society (GCSBS) Inc.

www.gcsbs.org.au**Membership Application Form**

Complete for all new and renewing membership applications - please PRINT clearly.

 New Membership Application or Renewing Membership Application

FULL NAMES(s): _____

Preferred first name(s) for Badge: _____

POSTAL ADDRESS: _____

(Suburb/Town)

(State)

(Post Code)

TELEPHONE: _____

Skills/Interests/Occupation: _____

(This information could be useful for Society operational matters. NO information provided in this application will be released without your consent. The Society is aware of the provisions of the Privacy Act 1988, and will only release information regarding your 'contact details' with your consent)

Do you consent to the release of your contact details? _____

The GCSBS has public liability insurance of \$20 million. The membership year is from October to September with one membership also including one copy of the GCSBS bi-monthly *Bromlink* newsletter.

 YES - **eNEWS** - I would like to receive emails advising of related succulent & bromeliad events YES - **BROMLINK** - I would prefer to receive the Society bi-monthly newsletter via email only

* E-MAIL (please PRINT clearly): _____

 Single Membership \$25.00 (\$12 from April - Sept.) Family* Membership \$40.00 (\$20 from April - Sept)

(* Family Membership is a couple & their immediate & dependent family members.)

This form & payment (cheque – made payable to: Gold Coast Succulent & Bromeliad Society Inc.) can be posted to:

Memberships, Gold Coast Succulent & Bromeliad Society Inc. PO Box 452 Helensvale Plaza QLD 4212.

OR: email completed form to: GCSBS.Memberships@gmail.com and Bank transfer payment to:

Name: GCSBS Inc BSB: 484799 A/c: 603299813 With a reference of: 'Your Last Name' – M/ship

Or lodged in person at any Monthly General Meeting with a cheque, cash or card payment.

I hereby apply for membership of the Gold Coast Succulent & Bromeliad Society (GCSBS) Inc. If accepted, I will abide by its rules and regulations as set out within its Constitution and By-Laws. I also agree to abide by the applicable rules and regulations, should they apply to me, of the QLD Government Department of Agriculture and Fisheries in matters relating to the control of Fire Ants.

Signature: _____ Application Date: _____

Proposer: _____ Seconder: _____

Committee use Only

Date Received:

Receipt Number:

Ratification Date:

Database Updated:

Badge Requested:

Distributions Updated:

Handbook:

MEMBERSHIP #