Gold Coast Succulent & Bromeliad Society, Inc.

MEMBERSHIP APPLICATION FORM

Please complete for new and renewed memberships

Payment can be posted to: Memberships, Gold Coast Succulent & Bromeliad Society, Inc.
P.O. Box 452, Helensvale Plaza, QLD 4212

*** Please PRINT all details** New ☐ OR Renewed Membership ☐

* FULL NAME(s): _____

* Preferred first name(s) for badge _____

* POSTAL ADDRESS: _____
(Street)

_____
(Suburb/Town) (State) (Post Code)

TELEPHONE: _____ Mobile: _____

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? ☐ YES ☐ NO

☐ YES, I would like to receive society emails advising of related events
☐ YES, I would prefer to receive the Society Newsletter (Bromlink) via email only

*** E-MAIL: (Please PRINT clearly)** _____

☐ Single Membership - $25.00 (includes bimonthly Bromlink subscription) / $12 from April – September.
☐ Family Membership - $40.00 (includes bimonthly Bromlink subscription) / $20 from April to September. This refers to a couple & immediate dependant family members to a limit of a total of four per membership.

The GCSBS has a Public Liability Insurance of $20,000,000

I hereby apply for membership of the Gold Coast Succulent & Bromeliad Society Inc. If accepted, I will abide by its rules and regulations as set out within the Model Rules and By-Laws of the GCSBS Society.

Signature: _____ Date: _____

GCSBS MANAGEMENT COMMITTEE USE ONLY:

Proposer:	Seconder:
M/ship Nbr:	Processed:

Office use only:
Data Sign In Bromlink: POST / EMAIL
Badge Enews