THE AFRICAN VIOLET ASSOCIATION OF AUSTRALIA, INC

MEMBERSHIP APPLICATION

I, the undersigned, hereby apply for membership of the above Association. I understand that I may attend Meetings as a visitor until my application is considered by the Committee of Management.

Name: (Please print)

Mr/Mrs/Miss . . . . . .
Given Name *Surname*

Address: . . . . . .

. . . . . .

Phone: . . . . . (Home)

. . . . . .(Business)

Email Address for Newsletters: . . . . . .

Scale of Fees: per year/per three years

Single: $18.00/$48.00 Pensioner: $14.00/$36.00
Family: $20.00/$54.00 Pensioner Family: $16.00/$42.00

Membership year is from the lst April to the 31st March

I enclose $ . . . . . for membership of one year/three years

Signature: . . . . . **Date:** . . . . . .

Please enclose cheque/money order made payable to the African Violet Association of Australia Inc. and forward to:

Membership Secretary, Mrs S Armstrong,
9 Pritchard Avenue,
Hammondville NSW 2170
(Phone:02 9825 1950)