

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.

Single:	\$18.00.	Pensioner:	\$14.00.
Family:	\$20.00.	Pensioner Family:	\$16.00.

Membership year is from the 1st April to the 31st March

I enclose \$ for membership of one year

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)