## MEMBERSHIP APPLICATION / RENEWAL FORM for Australian Plant Society (ABN 87 002 680 408)

MEM	IBERSHIP TYPE: (plea	se tick appropriate box )	Annual Fee (	Concession
	Joint (two adults a	C	□ \$56 □ \$66	□ \$48 □ \$56
	Concession applied	l for:	ed Income	Full Time Student
PERSONAL Details:	{Joint members please cor	mplete BOTH a) and b	)}	
/	Ms Dr other	<b>b)</b> Mr Mrs Mi	ss Ms Dr	other
Given Name(s):		Given Name(s):		
Surname:		Surname:		
Postal Address:		Postal Address:		if different
Postcode:		Postcode:		
Γel: Home (	)	Tel: Home (	)	if different
Work: (	)	Work: (	)	if different
Fax: ( )		Fax: ( )		if different
Email:		Email:		if different
☐ Money Order, payal	is enclosed by:  APS Armidale Branch ble to APS Armidale Brance ease email the membership		by this method.	
Name of Account:	APS Armidale and Distr	rict		
BSB:	932000			
Account No:	642450			
Include your surname	e as a reference to allow pa	yments to be allotted to yo	u.	
F APPLICABLE (pleas	e tick)			
☐ I do <i>NOT</i> wish my	contact details to be made	available to other members	S.	
Signature:				