



African Violet Society of WA inc.

P.O. Box 197 Como, W.A. 6957

(A.B.N. 527 060 94619)

Application for membership

Annual Fees – Single = \$25.00 Couple = \$30.00

Please print clearly

I..... (Applicant's name)	
of (Applicant's Address)	
Tel No.....email address.....	
I (Partner's name)	
of (Partner's Address)	
Tel No.....email address.....	
I hereby make Application for Membership of the African Violet Society of WA (Inc) and attach my Membership and Registration Fees for 1 year commencing 1st July. If my application is accepted, I agree to be bound by the Rules of the Society.	
..... (Applicant's Signature) (Partner's Signature)
PROPOSED BY:	SECONDED BY:
Name:	Name:
Signature:	Signature:
Date:	Date:

..... **Applicants should Detach and Keep**

Your membership (renewal) with The African Violet Society of WA (Inc) is due 1st July each year.

INFORMATION for APPLICANTS

- ♣ If your application is accepted, your name and address, as provided above, must be recorded in a register of members and be made available to other members, upon request, under section 8 of the Societies Constitution
- ♣ You can contact the Society through PO Box 197, COMO, W.A., 6952, emailing secretaryavswa@gmail.com or by phoning 08 9417 4117
- ♣ You can access or correct personal information (your name and address) by contacting the Society as above.

OTHER INFORMATION

- ♣ If your application for membership is rejected by the Committee: - You may give notice of your intention to appeal within 14 days of being advised of the rejection (Constitution rule 5.4). The Society in a general meeting, no later than the next Annual General Meeting, must confirm or set aside the decision of the Committee rejecting your application, after giving you a reasonable opportunity to be heard or to make written representations to the general meeting (rule 5.5).