



African Violet Society of WA inc.

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

secretaryavswa@gmail.com

Website: <https://www.waavsinc.com>

[A.B.N. 527 060 94619]

APPLICATION FOR MEMBERSHIP

Annual Fees: Single = \$25; Couple = \$30

DATE:

I(Applicant's name)

of (address).....

Tel. No: Email address:

I(Partner's name)

of (address)

Tel. No: Email address:

I/We hereby make application for membership of the African Violet Society of WA (Inc) and attach my/our membership fees for one year commencing 01 July.

Please tick: I/We will pay by either cash ☐ or online bank deposit* ☐

*If paying online, ensure that you include your family name and initial so we can identify you.

Our bank details are: **BSB: 036 226 A/C 259 626**

This form must be submitted to our Membership Secretary or emailed to:

secretaryavswa@gmail.com

If my/our application is accepted, I/we agree to be bound by the Rules of the Society.

INFORMATION FOR APPLICANTS

You can contact the society at PO Box 197, Como WA 6952; ph. 0400 085 714 or by emailing:

secretaryavswa@gmail.com

If your application is accepted, your name, address and email address, provided above, must be recorded in a register of members. 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).