



BOURNEMOUTH ORCHID SOCIETY Membership Form

Please complete in block capitals

NAME:

ADDRESS:

..... Tel. No:

POST CODE: Email address:

OCCUPATION - former if retired (optional)

By giving my email address, I agree to receiving communications by this method. Please indicate your requirements below:

Single membership (£22) *Double membership (£32) **Family membership (£40)
(tick one box only)

* Double membership is for two people residing at the same address (one copy of Top Orchid per address)

** Family membership is for 3 adult family members residing at the same address (one copy of Top Orchid per address)

Payment methods:- (Tick Box)

BACS/Internet Banking - Bank details: **Bournemouth Orchid Society, Sort Code 40-39-05, A/c No. 91344285**
please state your name as the reference.

Cheque - made payable to **Bournemouth Orchid Society**

Cash (Not by post)

Total £

SIGNATURE:

DATE:

Please enclose Membership Subscription of £22 Single £32 Double or £40 Family per annum

Return completed form/s to Society Treasurer, Mrs Karen Senior, 25 Wordsworth Avenue, Bournemouth, Dorset, BH8 9NT

Please note subscription runs from 1st September to the following August 31st.

Data Protection Act - compliance. Member's information is held in a protected database which is used to generate labels for posting journals and other correspondence. No information is passed onto external sources without member's permission. By becoming a member you agree to these conditions.

Privacy Notice above read and agreed

Official use only	
<input type="checkbox"/> Paid	Treasurer's signature
<input type="checkbox"/> Received copy of Privacy Document	