

# RENEWAL OF MEMBERSHIP

1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018

Single: \$25

Joint: \$30

Junior: \$5

Full Name (Individual names if Joint Membership)

Dr/ Mr/ Mrs/ Ms.....

Dr/ Mr/ Mrs/ Ms.....

For any change in address, please provide the correct information below.

Current Address: .....

Suburb / Town: .....State.....Postcode.....

Phone Number: .....Mobile.....

Email Address.....

**FORWARD PAYMENT TO THE TREASURER: MRS PENELOPE SCHULZ  
7 WEINTAL COURT, TANUNDA SA 5353**

My Cheque / Money Order for \$.....payable to The Rose Society of SA Inc.

Or Please charge my : Mastercard:  Visa:

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Name on Card: .....

Expiry Date: ...../..... Signature: .....

**To remit Funds Electronically to The Rose Society of SA Inc, Bank Account:**

**Bank SA                      BSB 105-086                      Account 330083440**

**As limited space is provided by financial institutions, ensure sufficient details are included to identify your membership (e.g. Phone number)**