** APPLICATION FOR MEMBERSHIP 20\_\_\_ – 20\_\_\_**

**The Rose Society of New South Wales Inc**.

[**www.nsw.rose.org.au**](http://www.nsw.rose.org.au)[**www.facebook.com/rosesocietynsw**](http://www.facebook.com/rosesocietynsw) **ABN: 91 335 797 824**

**APPLICATION FOR MEMBERSHIP RENEWAL 2020 - 2021**

**Membership Categories & Annual Subscription Rates. Please X box.**

**Single … $30:00 Dual … $35:00 Junior … $5:00 Associate…$30:00** Membership can be **Single, Dual** (2 members / household), **Junior** (under18) and **Associate** (e.g. a local business.)

**In NSW there are 9 Regions or you can select Unattached to any Region. Please X box.**

**Central Coast-Lake Macquarie ……... Southern Highlands ……………… Hunter Valley …………………………... Southern Sydney………………….**

**Illawarra…….……………………………. Sydney…………………………….. Macarthur ………………………………. Upper North Shore & Hills………. Nepean-Blue Mountains-Hawkesbury Unattached to any Region……….**

**TITLE: ……… LAST NAME: ………………………………. FIRST NAME:……………………………………………**

**Spouse / Partner details for Dual Membership**

**TITLE: ……… LAST NAME: ………………………………. FIRST NAME: …………………………………………..**

**ADDRESS:…………………………………………………………………………………………………………………..**

**SUBURB: …………………………………………………………………………POSTCODE: ……………………….**

**PHONE: …………………………………………MOBILE:………………………………………………………………**

**EMAIL: ………………………………………………………………………………………………………..**

**EFT:** The Rose Society of NSW **BSB: 012-429 A/C: 2784 41863** … **Please X box.** **ensure your surname & initial are referenced and this form is emailed EFT…….. or sent to the Subscription Secretary.**

 Payable to The Rose Society of NSW Inc **Cheque:** ……

 Can be paid at the Region Meeting **Cash:** ….…

**Signature ………………………………………………………… Date ………………………………**

In signing this I agree to abide by the Rules and Regulations of the Rose Society of NSW Inc.

New Members receive a ‘Welcome Pack’ from Neutrog and their name is recorded in the Welcome page of the NSW Rose Journal. Also a Public Membership Register is held by the Public Officer and only available on a legal request … Name & contact details. If you do not wish to have your contact details on this Register or consent to receiving the ‘Welcome Pack’ or having your name recorded in the NSW Rose Journal please inform the Secretary: rsnswsecretary@gmail.com or phone: 0422157353

Revised 12/12/2019

***Return this form with your transfer receipt or cheque to the***

**Subscription Secretary: Mr Ralph Parsons 6 Turner Way, RENWICK. NSW. 2575** ralphros@bigpond.com **Phone: 0401 060 031**