

North Hampshire Orchid Society

Application for membership.

**I/We* would like to join the North Hampshire Orchid Society and
enclose my/our* payment of**

for a single membership (£15 p.a.) / double membership (£25 p.a.)*

*** Delete as applicable**

Name/Names

Address

.....

.....

Post Code

Telephone Number

E-mail

Please complete this form and bring it the Treasurer at a meeting.

www.north-hampshire-orchid-society.org.uk