

MEMBERSHIP APPLICATION FORM

Please complete the application in BLOCK LETTERS and send either by e-mail orchidosm@gmail.com or to the Secretary.

Individual

Surname
Other names
ID Card No.

Commercial

Company Name
Represented by Surname
Other names
Activity Business Reg. No.

Individual & Commercial

Address
E-mail
PHONE Mobile Tel

- ☐ I have been growing orchids for the past year(s)
☐ I am a beginner

I read the by-laws of the Society https://www.orchidmauritius.org/by-laws.pdf#new_tab and I hereby accept to abide by the rules and regulations of the Orchid Society of Mauritius.

Applicant's signature Date
Proposer Name Signature

		Ordinary Member	Commercial Member
Upon receipt of a notification of approval,	Entrance fee	MUR 1,000	MUR 1,500
I agree to pay the fees	Annual fee	MUR 1,000	MUR 1,500

Payment (i) **bank transfer to the Society's account 000070012652 held with The Mauritius Commercial Bank Limited ("MCB")** OR (ii) **by crossed cheque drawn to the order of 'Orchid Society of Mauritius'** and to be sent to The Secretary, Orchid Society of Mauritius, P.O. Box 10, Quatre Bornes, Mauritius.

FOR OFFICE USE ONLY

Approved by
Name Ref OSM ID
Signature Date

