



APPLICATION FOR MEMBERSHIP
OF THE MELBOURNE CLIVIA GROUP INC.

Name: _____

Address: _____

_____ Postcode: _____

Telephone: (H) _____ (W) _____

Mobile: _____

E-mail: _____

If you supply an e-mail address you will receive the group newsletter by e-mail.

I desire to become a member of the Melbourne Clivia Group Inc. In the event of my admission as a member, I agree to be bound by the rules of the group for the time being in force.

Signature: _____ Date: _____

Fees:

Single Membership 2009 – 2010 \$15.00

Each additional family member \$10.00

(Please tick)

Please tick the box if you agree to your name, phone number and e-mail address being distributed to other members of this group.

Please note: We do not distribute your personal details to any other party without your expressed permission.

Please make cheques payable to Melbourne Clivia Group Inc.