



**GOLD COAST ROSE SOCIETY INC;**  
**MEMBERSHIP APPLICATION**

Member Name/s:

**(1)**.....

(Mr/Mrs/Miss)      (First Name)    (Surname)

**(2)**.....

(Mr/Mrs/Miss)      (First Name)    (Surname)

Residential Address: .....

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

Postal Address (if different).....

Telephone:(home) .....      (business) .....

(mobile) .....      (email).....

I enclose my Annual Membership fee of;

\$25.00 (Single Membership)      \$ \_\_\_\_\_

\$35.00 (Family Membership)      \$ \_\_\_\_\_

Signed:(1) .....      (2) .....

**Please return this form with your Membership Fee to**

**Mrs Robyn Clelland**

**Gold Coast Rose Society Inc;**

**PO Box 1384**

**NERANG QLD 4211 or [goldcoastrosesociety@gmail.com](mailto:goldcoastrosesociety@gmail.com)**

**Pay via Direct Debit:**

**BSB: 034-292**

**Acc: 199845**

*The Gold Coast Rose Society Inc; respects the privacy of all its members and affiliate members.  
No person's details will be provided to any other party without the approval of the individual.*