

# DUNEDIN RHODODENDRON GROUP INC

## Application for membership

Name: \_\_\_\_\_  
(Mr, Mrs, Ms, Miss, Dr, other)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Please

Individual membership  
\$25 per year ending  
31 July

Family membership  
\$30 per year ending 31 July

Student membership  
\$10 per year ending 31 July  
excludes Bulletin

Payment details overleaf

### Please forward payment to:

The Treasurer

Dunedin Rhododendron Group Inc

P.O. Box 5052

Dunedin 9058

New Zealand

Cheque

Please debit my card  
(Visa or MasterCard)

Card Number:

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Expiry date: \_\_\_\_/\_\_\_\_

Amount \$ \_\_\_\_\_

Signature: \_\_\_\_\_

**New members are very welcome**  
If you would like further information,  
please refer to our Website, send us  
an email or forward a letter.

**Website:**

[www.rhodogroupdunedin.org.nz](http://www.rhodogroupdunedin.org.nz)

**Email Address:**

[rhodogroupdn@xtra.co.nz](mailto:rhodogroupdn@xtra.co.nz)

**Postal Address:**

Dunedin Rhododendron Group Inc

P O Box 5052

Dunedin 9058

