



## Application for Membership

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

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

I would like the following membership:

- ☐ Individual Membership (\$25/year ending 31 July)
- ☐ Family Membership (\$30/year ending 31 July)
- ☐ Student Membership (\$10/year ending 31 July, excludes Bulletin)

Make payment into our bank account: Dunedin Rhododendron Group, 02-0912-0139750-000 and use your surname as the reference, or enclose cheque made out to "Dunedin Rhododendron Group" and send to:

The Treasurer  
Dunedin Rhododendron Group  
PO Box 5052  
Dunedin 9058

Applications can also be emailed to: [dunedinrhodogroup@gmail.com](mailto:dunedinrhodogroup@gmail.com)

