



The Queensland Rose Society Inc. Membership Form

New Membership ☐

Renewal ☐

FIRST NAME (s): _____

FAMILY NAME (s): _____

CONTACT PHONE: _____

ADDRESS: _____

_____ POST CODE _____

EMAIL: _____

Emergency Contact: _____

Payment method (please tick) ☐ Cash

☐ Bank Transfer

The Queensland Rose Society Inc

Westpac Bank BSB 034-108 Account 706705

Write your name in payment details and email pdf copy of form and receipt to membership@qrs.org.au

Postal Address - The Queensland Rose Society Inc.

QRS Membership Secretary, PO Box 475, Mt Ommaney QLD 4074

Note: For new members joining after 1st January a pro rata fee of \$20 individual or \$22.50 family will apply until 1st July

I enclose \$40 individual or \$45 family Annual Membership Fee.

I understand that annual subscriptions are payable on 1st July each year.

I consent for my name and/or photo to be used in marketing material unless otherwise agreed.

SIGNED _____ DATE _____

For Committee Approval _____