NEW MEMBERSHIP APPLICATION FORM

Please send this form with your payment advice to:
The Treasurer, Australian Plants Society Tasmania Inc.
PO Box 1205, Gravelly Beach, Tasmania 7276.

Name(s) ..........................................................................................................................
Address ...............................................................................................................................
Phone .................................... Mobile .................................................................
Email .................................................. .................................................................

(please cross boxes above for NO Membership listing)

<table>
<thead>
<tr>
<th>Subscription Period per Membership</th>
<th>1 Year $</th>
<th>To be Paid $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals or Organisations</td>
<td>40.00</td>
<td></td>
</tr>
<tr>
<td>* Concession Rate (Tick Box Below)</td>
<td>37.00</td>
<td></td>
</tr>
<tr>
<td>Each additional household Adult</td>
<td>9.00</td>
<td></td>
</tr>
<tr>
<td>Each additional household Child</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>** Overseas Individual or Organisation</td>
<td>55.00</td>
<td></td>
</tr>
<tr>
<td>*** Australian Plants journal, quarterly</td>
<td>14.00</td>
<td></td>
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</tbody>
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TOTAL SUBSCRIPTION TENDERED $

* Concession available to:
Persons possessing Student ID Card , or
Pension Concession Card issued by Centrelink , or
by the Department of Veteran Affairs .
If you are eligible for a concession, please tick the appropriate box.
** By electronic funds transfer (EFT), preferred, or bank draft in $A;
*** Subscription covers all issues of AP published during subscription period;

I agree to abide by the rules of the Society and have paid (or enclose)
$.......................... 00 subscription fee by electronic funds transfer, preferred

If paying by EFT, please make the funds transfer, identified with your name,
and then record the transaction receipt no. .................................................................
If paying by cheque, not preferred, please post to the address above.

Signature: ___________________________ Date: _______________________

To help us to service the Society better, please tell us:
a) How did you hear about us?
b) Why did you join?
c) What would you like to gain from your Membership?