



# The Orchid Society of New South Wales Inc.

PO Box 5396  
CHULLORA  
NSW 2190

ABN 57 057 389 687

APPLICATION FOR PUBLIC LIABILITY/PRODUCT and ACCIDENT INSURANCE 2023/2024

**Forms and monies must be returned to the above address by 1st March, 2023**

**Name of Society** .....

Address: .....

Email Address: .....

Telephone: .....

**Number of Members** .....

**N.B. Your society must have paid its Annual Affiliation Fee to be eligible for the insurance which is payable in July the previous year.**

**Please attach your annual list of activities (i.e. shows, sausage sizzles, displays etc.) including venues**

## Subscription

Cost of Policy = \$10.00

+

Cost per Member @ \$5.02 ea = \$

Total = \$

Signature .....

Position .....

Date .....

## PAYMENT METHODS:

1. Preferred method: Direct Deposit Details: Westpac Bank; 032-080 558587; The Orchid Society of NSW Inc. / OR

2. Post Cheque to: PO Box 5396 Chullora NSW 2190

Honorary Secretary

Email: [secretary@orchidsocietynsw.com.au](mailto:secretary@orchidsocietynsw.com.au)

Phone: (h) 02 9029 2305 (m) 0424 070 757