



# 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 2024/2025

**Member numbers and Interested party information, if required, must be to Veronica by 19th February.  
Payment made to our account by 1st March, 2024**

Name of Society .....

Address: .....

.....

Email Address: .....

Telephone: .....

Interested Party/s : Do you want the venue of each of your shows named on the insurance document? If so please nominate the name of the venue(s) or local council below by 19th February.

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Number of Members .....

**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

For further information or assistance email or call Veronica

Email: secretary@orchidsocietynsw.com.au

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