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 2025/2026

Forms and monies must be returned to the above address by 1st February, 2025

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