**2018/2019 DSSA MEMBERSHIP RENEWAL**

**PLEASE EMAIL OR POST THIS FORM TO THE SECRETARY**

**Name/s …………………………………………………………….**

**Address…………………………………………………………….**

 **…………………………………………………………….**

**Phone ………………………**

**Mobile ………………………**

**Email …………………………………………………………...**

**Single Membership $10 Family membership $12**

**Club or Society $12**

**Payment to The Dahlia Society of S.A. Inc**

**Direct Debit: Account No. 00902765**

 **BSB 065-518**

**Use your Surname as Reference**

**Please EMAIL dahliasocietysa@gmail.com when direct payment made**

**When paying BY CHEQUE: Mail CHEQUE AND THIS FORM to The TREASURER**

 **2 Grace Boulevard, SMITHFIELD PLAINS 5114**

 **DATE: ………………**

**I/We request a Name badge Yes / No**

**Please print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**