**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](mailto: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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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