

**DSSA MEMBERSHIP**

Name/s ……………………………………………………………………………………………………

Address ……………………………………………………………………………………………………

 ……………………………………………………………………………………………………

Phone ………………………………………

Mobile ………………………………………

Email ………………………………………

**SINGLE MEMBERSHIP $15 FAMILY MEMBERSHIP $20**

**CLUB MEMBERSHIP $20**

**Please make payment to THE DAHLIA SOCIETY OF SA Inc.**

**Direct Debit: Account No. 408721266**

 **BSB 085779**

**Use your SURNAME as Reference.**

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

**When paying by CHEQUE: Mail the CHEQUE together with this form**

**to THE TREASURER**

 **PO BOX 1205,**

 **BALHANNAH SA 5242**

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

**Please Print Name …………………………………………………………………………**

 **…………………………………………………………………………**