

MIDWAY BONSAI SOCIETY

APPLICATION FOR MEMBERSHIP

Date: _____

Surname: _____

Full name: _____

Postal Address:

Telephone Number: _____ **Fax Number:** _____

E - Mail: _____

Bonsai Experience: _____

Applicants Signature: _____

Subscription Paid: **Yes** **No**

For office use:

Tabled at Committee Meeting:

Accepted: **Signed By:** _____

Rejected: **Signed By:** _____

Remarks:

