## THE SOUTH COAST ORCHID CLUB OF SOUTH AUSTRALIA INC.

# MEETING TIMES AND LOCATIONS

*No meetings in January*

# **MAIN GROUP**

### On the 1st Wednesday of each Month at

Marion Warradale Uniting Church Hall:

9 – 11 Township Road, Marion 5043

**Learners: 7:15pm**

**Meeting: 8.00pm**

# **DAY TIME GROUP**

On the 2nd Thursday of each month at: Lou Kesting Hall, Dover Square,

Off Broadway, South Brighton

**Meeting: 2.00pm**

**SOUTHERN REGIONAL GROUP**

### On the 3rd Sunday of each month at:

Carrickalinga House, 17-19 Torrens Street, Victor Harbor

**Learners: 1:15pm**

**Meeting: 2:00pm**

AII meetings welcome visitors

**Membership of the Orchid Club**

### **entitles you to:**

* Regular programs by specialist guest speakers
* Monthly **Orchid** Gazette.
* The opportunity to exhibit in shows & any meetings of the Club.
* The opportunity to self and buy plants.
* Learners Groups
* Networking with Orchid Growers

SUBSCRIPTION RATES

Joint Membership $38.00

Single Membership $30.00

Junior Membership $22.00

RURAL / INTERSTATE MEMBERSHIP

Joint Membership $34.00

Single Membership $28.00

**THE SOUTH COAST ORCHID CLUB OF SOUTH AUSTRALIA INC.**

*C I -* The Secretary

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## **THE SOUTH COAST ORCHID CLUB OF SOUTH AUSTRALIA INC.**

Club Membership Application

I /We / Mr *I Mrs* /Ms ………………………………

Name to be shown on Club Badge

……………………………………………………………………..

**Address** ………………………………………

……………………………………………………….

………………………… Postcode …….

Phone ……………………………………….

Mobile ………………………………………

Email ……………………………………………..

My *I* Our Division for Show Purposes

………………………………………………………………

*(Only necessary'* where *you* are *a*

member *of another Orchid Club)*

And my Show Number is Signature

Date