

NATIVE ORCHID SOCIETY OF SOUTH AUSTRALIA INC.

Conserving & Cultivating Australia's Native Orchids



The **Native Orchid Society of South Australia Inc** is a group of people committed to the conservation and growing of native orchids.



Aims and objectives of the Society include:

- To promote the culture, propagation, knowledge and scientific study of native orchids of Australasia.
- To assist in the preservation of native orchids of Australasia in their native habitat and to encourage the conservation of same.

More than 350 species of **terrestrial** (grows in the ground) orchids are recognised for South Australia. There are no **epiphytic** (grows above the ground) orchids recognised for our state, which makes it unique in Australia.

Please be aware that all native orchids are protected in S.A. It is an offence to take any part of a native orchid without Govt. approval.

ACTIVITIES

- ✦ Conservation
- ✦ Education
- ✦ Field trips
- ✦ Journal
- ✦ Meetings
- ✦ Photography
- ✦ Propagation
- ✦ Shows and Displays



Members Only Facebook Group

A place to discuss & share all things orchids

CONTACT:

President: 0439 214 106
 Secretary: nossa.secretary@gmail.com
 P.O. Box 15, KENSINGTON NORTH 5068
 Website: www.nossa.org.au

MEETINGS: Fourth Tuesday of the month
February to November

VENUE: St. Matthew's Hall,
Bridge St, Kensington

TIME: 7:15 pm Library
8:00 pm Main Meeting

MEMBERSHIP SUBSCRIPTION RATES

Memberships paid annually & due on 1st Jan.

- \$30 Single, Couple or family membership both Hard and Email copy Journal
- \$20 Single, Couple or family membership E-mail Journal, only
- \$10 Student membership (Student Card)

NEW MEMBERS ONLY Pro rata fees of

- \$10 from 1st July
- Annual Spring Show (September) Special – 15 months for the price of 12 months

MAIL cheque with application form to

NOSSA Treasurer
 PO Box 14,
 KENSINGTON NORTH SA 5068



Make cheque payable to:

NATIVE ORCHID SOCIETY of SOUTH AUSTRALIA

ELECTRONIC PAYMENT:

Bank SA BSB: 105 011
 Account Name: Native Orchid Society of SA
 Account #: 073181741
 Lodgement Reference: please use your name
 Email: nossa.treasurer@gmail.com



NATIVE ORCHID SOCIETY OF SA



MEMBERSHIP APPLICATION

Type of Membership (tick one)

Single [] Couple [] Family [] Student []

Names to be included in the Membership

.....

Address: Street:

Suburb: PCode

Phone: Mobile:

Email:

Areas of interest: (Tick as appropriate)

- | | | | |
|-----------------|--------------------------|----------------------|--------------------------|
| Conservation | <input type="checkbox"/> | Photography | <input type="checkbox"/> |
| Surveys | <input type="checkbox"/> | Growing Terrestrials | <input type="checkbox"/> |
| Field Trips | <input type="checkbox"/> | Growing Epiphytes | <input type="checkbox"/> |
| Citizen Science | <input type="checkbox"/> | General Knowledge | <input type="checkbox"/> |
| F/book Chats | <input type="checkbox"/> | Other | <input type="checkbox"/> |

JOURNAL: Email Post (Tick one or both)

We recommend **name badges** when attending NOSSA events

Badges @ \$8 each: Do you require a badge? _____

NOSSA use only

TO BE COMPLETED by the treasurer (or their delegate) when the Membership Fee is paid

Membership Amount _____
 Badge(s) _____

Date: _____ Total Amount received \$ _____