

ABN 25 596 618 306

ARBN 628 255 587

Incorporated in South Australia

www.heritageroses.org.au

www.facebook.com/www.heritageroses.org.a

## **HRIA Membership Form 2024**

Jill Collins Membership Secretary PO Box 3719 Mount Gambier 5290 SA membership24.25hria@gmail.com

You may choose to join or renew your membership online at **www.heritageroses.org.au/membership**If you are **NOT** using the online facility, please complete **BOTH** pages of this form and email *or* post to the Membership Secretary at the above address.

Annual Membership fees are due and pay	yable each year on 1 <sup>st</sup> January:		
Please tick your selection for membership type/	/ journal media:		
A\$55 * Individual or Association Membership	Printed Printed & Digital		
A\$50 Pension Membership Printed	Printed & Digital		
A\$35 Digital Journal only Membership	J .		
New Zealand Members for a printed journal add A\$10 to *			
International Members for a printed journal add A\$25 to *			
ADD A\$5 for Joint Membership in all categories			
Please tick Applicant Type: New Member	Current Member Former Member	er	
Gift to Another?			
New members only:	The Welcome Pack is from our sponsor <b>Neutrog</b> (if ava	ailable in your	
Would you like a Neutrog Welcome Pack?	region).	au Nautuaa ta	
□ <sub>Yes</sub> □ <sub>No</sub>	<b>Note:</b> By answering <b>Yes</b> you are giving permission for use your contact information for promotional purpos will not provide your details to any other party.		
Member Information			
First Name:	Last Name:		
Postal Address:			
Suburb / Town / City:	State: Postcode:		
Country (if not Australia):			
Phone: Email:			
Joint Member			
First Name:	Last Name:		
Joint Member Email:			
New members only.			
How did you hear about HRIA?			



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2. CREDIT CARD - Pay by Visa, MasterCard or American Express in AUD

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Payment There are four 4 payment options.

**1. ONLINE** — Follow the instructions on **www.heritageroses.org.au/membership** and if your membership account details have changed, login and amend the details on your account dashboard.

If you choose option 2, 3 or 4 please **complete** the details on **both** pages of this registration form and forward to **membership24.25hria@gmail.com** or **PO Box 3719 Mount Gambier 5290 South Australia**.

Membership payme	ent amount \$	
Card Number:		]
Expiry Date:	/ cvv:	
Name: (please print)		
Signature:		
3. AUSTRALIAN BANK TRANSFER (ABT)  BSB: 065 522 Account: 1019 0557 Account Name: Heritage Roses in Australia Inc.  Date Transferred: \( \sum \sum \sum \sum \sum \sum \sum \sum		
Name:	Postcode:	

Please email a copy of the ABT receipt from your bank to Membership Secretary membership24.25hria@gmail.com

**4. CHEQUE** - Make cheque payable to Heritage Roses in Australia Inc. Then post the cheque with page one of this registration form to the Membership Secretary, PO Box 3719 Mount Gambier 5290 South Australia.

Thank you for your Registration.