



ABN 25 596 618 306
ARBN 628 255 587
Incorporated in South Australia
www.heritageroses.org.au
www.facebook.com/www.heritageroses.org.au

HRIA Membership Form 2025
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 payable each year on 1st January:

Please tick Applicant Type: ☐ New Member ☐ Current Member ☐ Former Member

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 ☐

NZ Membership A\$78 ☐ Printed ☐ Printed & Digital

UK and Europe Membership A\$95 ☐ Printed ☐ Printed & Digital

USA Membership A\$91 ☐ Printed ☐ Printed & Digital

South America Membership A\$102 ☐ Printed ☐ Printed & Digital

ADD A\$5 for Joint Membership in all categories

Gift to Another? ☐ Yes ☐ No

New members only:

Would you like a Neutrog Welcome Pack?

☐ Yes ☐ No

The Welcome Pack is from our sponsor **Neutrog** (if available in your region).

Note: By answering **yes** you are giving permission for Neutrog to use your contact information for promotional purposes only. They 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?			

In the context of possible publication in the text of an article in **The Journal of Heritage Roses in Australia** or on the **HRIA website**, I give my permission for the inclusion of:

My name: ☐ Yes ☐ No Signature: _____

My photograph: ☐ Yes ☐ No Signature _____

My general location: ☐ Yes ☐ No Signature _____

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**.

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

Membership payment 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: / / 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. *Office use only:*

Processed by: _____

Date: / /