



ABN 25 596 618 306  
ARBN 628 255 587  
Incorporated in South Australia  
[www.heritageroses.org.au](http://www.heritageroses.org.au)  
[www.facebook.com/www.heritageroses.org.au](https://www.facebook.com/www.heritageroses.org.au)

**HRIA Membership Form 2025**  
Glennis Clark  
Membership Secretary  
PO Box 3111 North Turrumurra 2074 NSW  
[membership24.25hria@gmail.com](mailto:membership24.25hria@gmail.com)

You may choose to join or renew your membership online at [www.heritageroses.org.au/membership](http://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 1<sup>st</sup> 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

**PLEASE 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

<b>First Name:</b>	<b>Last Name:</b>	
<b>Postal Address:</b>		
<b>Suburb / Town / City:</b>	<b>State:</b>	<b>Postcode:</b>
<b>Country (if not Australia):</b>		
<b>Phone:</b>	<b>Email:</b>	
<b>Joint Member First Name:</b>	<b>Last Name:</b>	
<b>Joint Member Email:</b>		
<b>New members only.</b> <b>How did you hear about HRIA?</b>		



ABN 25 596 618 306  
ARBN 628 255 587  
Incorporated in South Australia  
[www.heritageroses.org.au](http://www.heritageroses.org.au)  
[www.facebook.com/www.heritageroses.org.au](https://www.facebook.com/www.heritageroses.org.au)

**HRIA Membership Form 2025**  
Glennis Clark  
Membership Secretary  
PO Box 3111 North Turrumurra 2074 NSW  
[membership24.25hria@gmail.com](mailto:membership24.25hria@gmail.com)

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](http://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](mailto: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](mailto: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:   /   /