



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
Glennis Clark
Membership Secretary
PO Box 3111 North Turrumurra 2074 NSW
membership25plushria@gmail.com

HRIA NEW AND RENEWAL MEMBERSHIP FORM 2025

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 refer to the payment options on page 2 of this form.

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 journal media and membership type:

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

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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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 membership25plushria@gmail.com or **PO Box 3111 North Turrumurra 2074 NSW**.

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
membership25plushria@gmail.com

4. CHEQUE \$_____ Make cheque payable to Heritage Roses in Australia Inc. Then post the cheque with this registration form to **PO Box 3111 North Turrumurra 2074 NSW**.

Thank you for your Registration.

Office use only:

Processed by: _____

Date: / /