



## International Plant Propagators Society Ltd, Australian Region

C/- Pam Berryman, Executive Officer  
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ABN 010 809 104

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Business or Home)

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone (B/H): \_\_\_\_\_ (A/H): \_\_\_\_\_

Facsimile: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Preferred Address for Correspondence: Business or Home (Please Circle)  
↑  
Other (mailing address) \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Occupation: \_\_\_\_\_

Some details of your horticultural experience: \_\_\_\_\_

\_\_\_\_\_

Special horticultural interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Sponsor: \_\_\_\_\_

If you require a sponsor please tick the box as we can assist:

Sponsor required

I, (write your full name here) \_\_\_\_\_ wish to apply for membership of the International Plant Propagators' Society Ltd, Australian Region and request you to enter my name on the register. I agree to be bound by the Society's Memorandum and Articles of Association and the Rules and By-Laws made there under. I declare that I am eligible for membership.

Signature \_\_\_\_\_ Date \_\_\_\_\_

- |                 |   |          |                          |
|-----------------|---|----------|--------------------------|
| <b>OPTION 1</b> | Membership and BOOK<br>Book of Annual Combined Proceedings of all Regions | \$215.00 | <input type="checkbox"/> |
| <b>OPTION 2</b> | Membership and CD<br>CD of Annual Combined Proceedings of all Regions     | \$195.00 | <input type="checkbox"/> |
| <b>OPTION 3</b> | Membership ONLY   | \$160.00 | <input type="checkbox"/> |

Payment:

Cheque	Credit Card
Please make cheques payable to :  "International Plant Propagators' Society Ltd, Australian Region"	Visa  Mastercard  EFTPOS – Bendigo Bank BSB: 633-000 Account #: 140 185 737 Account Name: Aust. Region of IPPS

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return application form and payment to: Ms Pam Berryman, Secretariat  
 IPPS Ltd Australian Region  
 27 Petunia Crescent, Mt Cotton Q  
 4165  
 Fax: 07 38299767  
 Email: [pam@ipps.org.au](mailto:pam@ipps.org.au)