

ORCHID SOCIETY CORAL GABLES

Membership/Renewal Application

DATE: _____

NAME: _____

ADDRESS: _____

_____ Zip Code _____

PHONE: (Home) _____ (other) _____

Email: (Important!) _____

PRINT CLEARLY:

Birthday: _____ (month/date)

Business name _____ Occupation _____

American Orchid Society member? _____ Expiration date: _____

I would like to become involved and assist with the following: (Please check at least one.)

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Phone Committee | <input type="checkbox"/> Refreshments | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Orchid Shows (2 per year) | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Auction |
| <input type="checkbox"/> Welcoming Committee | <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Library |
| <input type="checkbox"/> Other _____ | | |

Do you consider yourself a beginning, intermediate or advanced orchid grower (circle one)

Have you taken any orchid culture classes? _____ Where _____

Do you have any feedback on club programs from this year or any ideas for programs you would like to have for next year? email a board member or Linda Matanis at lgmorchid@att.net.

(Dues are: \$30 single membership / \$50 couple - same household)

Mail to: OSCG, PO Box 560092, Miami, FL 33256-0092