



Orchid Society of Coral Gables

P.O. Box 560092, Miami, FL 33256-0092

APPLICATION FOR MEMBERSHIP –(PRINT CLEARLY)

DATE: _____ Membership No. _____
Leave blank

NAME: _____

ADDRESS: _____
_____ Zip Code _____

PHONE:(Home) _____ (other) _____
(Day/month only)

PRINT
E-MAIL: _____ Birthday _____

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"/> Auction |
| <input type="checkbox"/> Orchid Show (2 per year) | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Library | <input type="checkbox"/> Welcoming Committee | <input type="checkbox"/> Membership |
| <input type="checkbox"/> OTHER _____ | | |

Annual Dues : \$20 Single \$30 Couple (same household)
 \$15 Junior member 12 yrs & under

*** WE MEET ON THE FIRST TUESDAY OF EVERY MONTH AT 7.30 PM
IN THE GARDEN ROOM at **FAIRCHILD TROPICAL BOTANIC GARDENS,**
10901 Old Cutler Road, Coral Gables, FL 33156 (SOUTH ENTRANCE)