OFFICE USE ONLY
Payment Date: _____
Cash:_____
Credit Card:_____
Check #: _____Amount:_____

Annual Dues $20 Single / $25 Couple

Welcome to our Club! We are a 501-(C3) Society

New Member Date: _____

Please Print Clearly Membership Application/Renewal Form (circle one)

Name(s) a: _____

b: _____

Complete Mailing Address: _____

City: _____State ____ Zip _____

E-Mail (s) a:_____

b:_____

Phone numbers (s) a:_____

b:_____

Seasonal Resident? ____ From_____

Anything you would like to tell us about yourself? (specific interests, experiences, questions, skills (accounting, advertising, organization, etc.) or types of orchids you like)

_____

_____

We request each member to help at one event during the year to support our club in its endeavors.
Please select one or more of the following:

☐Yearly Show & Sale ☐Orchid Auction Fundraiser ☐Holiday Party

☐Board Position ☐Advertising ☐Nominating Committee ☐Membership

Our meetings are currently the 4th Saturday of each month.
Check our website at www.naturecoastorchidsociety.com for meeting location and time