

Tropical Orchid Society

MEMBERSHIP APPLICATION/RENEWAL

(please print)

Date: _____

Name: _____
Last First Spouse

Address: _____

City: _____

Zip: _____

Telephone: (_____) _____ Email: _____

New Member: (_____) Renewal: (_____) Member Since: _____


Would you like your newsletter Emailed: Yes (_____) No (_____)

Are you a member of the American Orchid Society: Yes (_____) No (_____)

If not, are you interested in joining the AOS: Yes (_____) No (_____)

Membership Fee: \$25.00 Single (_____) \$35.00 Couple (_____) \$40.00
Family (_____)

Make Checks Payable to - Tropical Orchid Society or TOS

Amount Paid  Cash: \$ _____ Check: \$ _____ Check
Number: _____

Mail completed form and your check to:
(do not mail cash)

Tropical Orchid Society
PO Box 211551
Royal Palm Beach, FL 33421-1551

Received By: _____

Date: _____

Entered on Membership roster _____

Notes: _____