



## 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 :  \$25 Single       \$40 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 )**