



# Orchid Society of Coral Gable 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.)

- Phone Committee       Refreshments       Newsletter
- Orchid Shows (2 per year)       Auction       Public Relations
- Library       Welcoming Committee       Membership Committee
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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](mailto:lgmorchid@att.net).

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