



## South Florida Orchid Society, Inc.

Membership Application

(Please Print)

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Name of Applicant's Spouse: \_\_\_\_\_

Address: \_\_\_\_\_  
(CITY) (STATE) (ZIP)

Phone: \_\_\_\_\_  
(HOME) (BUSINESS) CELL

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_  
(PRESENT OR IF RETIRED, FORMER)

Business Address: \_\_\_\_\_  
(CITY) (STATE) (ZIP)

Do you grow orchids as a hobby? \_\_\_\_\_ As a profession? \_\_\_\_\_

Are you a member of the **American Orchid Society**? \_\_\_\_\_

### Dues:

Single – Calendar Year Dues: **\$30.00**

Two in Family – Calendar Year Dues: **\$40.00**

Add **\$15.00** for foreign air mail.

Please make your check payable to the South Florida Orchid Society, Inc..

Enclosed: \$ \_\_\_\_\_

**Mail application and check to:**

**South Florida Orchid Society, Inc.**

**P.O. Box 328615**

**Ft. Lauderdale, FL 33332**