



2026 Membership Application

- Single Membership \$30.00
- Family Membership \$40.00 (Primary Member plus One)
- Family Membership \$50.00 (Primary Member plus Two or more)
- I would like to give a tax deductible contribution of \$_____ to support the Education and Research fund.

Primary Member Name: _____

Names of Family Members (only needed for a Family Membership):

Street Address: _____

City, State and Zip code: _____

Cell Phone: _____

Email Address: _____

Ways to pay:

Cash, Check or Zelle

Make checks payable to South Florida Orchid Society (no abbreviations please) and give to Margaret Marshall at the meeting or mail to:

Margaret Marshall

7440 SW 117 Street

Miami, FL 33156

We value your membership. Thank you!