



Membership Application

Individual Membership \$20

Family Membership \$30

If you join after January 31st, dues are prorated to \$10, \$20 respectively.

Mr./Mrs./Ms./Miss/Dr. First Name Last Name

Additional Member (for family membership)

Street Address City State Zip Code

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Home Phone Cell Phone

Email Address

Please send completed form with payment to:

Ms. Carole Ritter P.O. Box 791 Seneca, SC 29679

Membership Benefits Include:

Admission to meetings and special events

Speakers on general and specific orchid related subjects

Special invitations to the Annual Orchid Show and auction/plant sales

Field Trips to regional nurseries, shows, and member's growing areas

Annual Spring Picnic
