



Membership Application 2024-2025

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

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Cell Phone

Email Address

Please send completed form with payment to:

Suzi White, 314 Timothy Paul Drive, Lyman, SC 29365

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

Payment Method: _____

Amount Received: \$ _____

Treasurer's Initials: _____