



# Membership Application 2023-2024

Individual Membership \$20

Family Membership \$30

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

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Mr./Mrs./Ms./Miss/Dr.

First Name

Last Name

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Additional Member (for family membership)

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Street Address

City

State

Zip Code

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( )

Home Phone

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( )

Cell Phone

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Email Address

***Please send completed form with payment to:***

Shannon Lambert 151 Beverly Street Central, SC 29630

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***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*

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Payment Method: \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_

Treasurer's Initials: \_\_\_\_\_