



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

(____)

(____)

Home Phone

Cell Phone

Email Address

Please send completed form with payment to:

Sue Keith, 4 Kentucky Derby Ct., Greenville, SC 29615

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: _____