

Central Florida Orchid Society Membership Form

Fiscal year for the society is January 1 to December 31

Date Received _____
Cash/ Check # _____
Cards Sent: _____

Please check one: (Individual dues=\$20 Couple dues=\$35 Under 18 yr=\$15)

New Member Renewal Update of Personal Info

Name: _____ Spouse: _____

Address: _____

City: _____ St. _____ Zip _____

Phone (home) _____ Work Tel: _____

Fax: _____ Email: _____

Please help us with a few facts:

Website (If you have one) _____

Occupation: _____

Hobbies other than Orchids: _____

Birthday(Month/Day): _____ Spouse Birthday: _____

Anniversary: _____

Year joined CFOS: _____

Genus of Orchid most interested in: _____

Fifty years of experience has taught us that an organization is as good as the participation of its members. All committees are set up with an eye to teaching new members as needed. Please consider carefully and select several of the following:

I am interested would like to serve on a committee (Circle choices) Spring Orchid Show
Auction Library Newsletter Membership Services Out-Of-Town Shows Special Events

I am interested in learning about (Circle choices) Orchid Culture Orchid Evaluation
Orchid Arrangements Special Studies

How did you hear about Central Florida Orchid Society? _____

Please mail this form w/ your dues payment to: **Central Florida Orchid Society**
c/o Joy Parker Dever
180 North Spring Trail
Altamonte Springs, FL 32714