

NORTHWEST



ORCHID SOCIETY

# Membership Renewal Form

All Northwest Orchid Society memberships expire on June 30 each year. Members who joined in February 2006 or after will remain current until June 30, 2007. A one-year membership in the NWOS is \$25 for an individual membership or \$30 for a joint membership (two adults in one household).

Membership dues must be paid by check. Please do not send cash through the mail. Make checks payable to "NWOS." You can bring this completed form and your payment to the next meeting and renew on the spot or mail to:

NWOS, P.O. Box 51021, Seattle, WA 98115-1021

**\*\*Your membership must be renewed no later than September 1, 2006 for you to be included in the 2006-07 Roster.\*\***

Thank you!

**Brian Anderson**  
Secretary

*Please note: Checks will not be deposited until July 1, 2006 (the start of our new fiscal year).*

## Northwest Orchid Society Membership Renewal

THIS MEMBERSHIP IS:     INDIVIDUAL (\$25)  
                                   JOINT (\$30)

MEMBER NAME: \_\_\_\_\_

JOINT MEMBER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE (including area code): \_\_\_\_\_

E-MAIL ADDRESS (optional): \_\_\_\_\_

I WOULD LIKE TO RECEIVE THE NEWSLETTER AND ANNOUNCEMENTS:  
 VIA E-MAIL (Saves trees!)     VIA REGULAR POSTAL MAIL

*We would like to add some additional information to our membership roster this year to help our members connect better. All of the information below is optional.*

Is the year you joined the NWOS correct on the label at left?

YES     NO, I joined: \_\_\_\_\_

What type of orchids do you grow?

- |  |  |
|--|--|
| <input type="checkbox"/> Cattleya (LC, SLC)  | <input type="checkbox"/> Dendrobium    |
| <input type="checkbox"/> Oncidium/Odonto     | <input type="checkbox"/> Phalenopsis   |
| <input type="checkbox"/> Cymbidium           | <input type="checkbox"/> Paphiopedilum |
| <input type="checkbox"/> Masdevallia/Dracula | <input type="checkbox"/> Lycaste       |
| <input type="checkbox"/> Brassia             | <input type="checkbox"/> Vanda         |
| <input type="checkbox"/> Others: _____       |  |

**Please mark any corrections or updates on the label above or use the back of this form if you need more room to write.**

Are you interested in being an orchid advisor for a particular species?

YES, species: \_\_\_\_\_

If you have a joint membership, would you like to list a separate e-mail address for the second member?

2nd e-mail: \_\_\_\_\_

Our society is made possible by volunteers. Is there an area you would like to volunteer in?

- |  |   |
|--|---|
| <input type="checkbox"/> Shows           | <input type="checkbox"/> Library            |
| <input type="checkbox"/> Demos/Education | <input type="checkbox"/> Newsletter/Writing |
| <input type="checkbox"/> Accounting      | <input type="checkbox"/> Scholarship Comm.  |
| <input type="checkbox"/> Displays        | <input type="checkbox"/> Hosting/Greeting   |
| <input type="checkbox"/> Other: _____    |   |