

Northwest Orchid Society Membership Form

THIS MEMBERSHIP IS: INDIVIDUAL (\$25)

JOINT (\$30)

MEMBER NAME: _____

JOINT MEMBER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (including area code): _____

E-Mail address: _____

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

2ND E-MAIL: _____

What types of orchids do you grow?

Cattleya (LC, SLC)	Dendrobium
Oncidium/Odonto	Phalenopsis
Cymbidium	Paphiopedilum
Masdevalia/Dracula	Lycaste
Brassia	Vanda

Others: _____

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

Shows	Library
Demos/Education	Newsletter/Writing
Accounting	Scholarship Committee
Other:	_____

Make check payable to "NWOS" and mail completed form and payment to:

Northwest Orchid Society
P.O. Box 51021
Seattle, WA 98115-1021