ST. AUGUSTINE ORCHID SOCIETY

www.staugorchidsociety.org

MEMBERSHIP FORM

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Email: _____

Membership Type: Individual _____ Family (2 or more) _____ Date: _____

PLEASE HELP US TO GET TO KNOW YOU BETTER

How long have you been interested in or grown orchids? _____

Do you have a greenhouse? _____ How many plants do you have? _____

Experience level: Beginner _____ Intermediate _____ Advanced _____

Are you an American Orchid Society (AOS) member? _____ Want to join? _____

Do you have any specific orchid areas of interest? _____

Prefer any particular orchid type? _____

Would you consider speaking or serving on a committee? _____

The membership dues, payable by cash, check or money order made out to SAOS are $20.00 a year for an individual membership and $30.00 a year for a family membership. You can either bring your payment and this form to a meeting or mail them to: SAOS c/o Linda Stewart, 342 Cracker Swamp Dirt Rd., E. Palatka, FL 32131.

We cordially invite you to join the SAOS!

Questions or Comments _____