CARMEL ORCHID SOCIETY

Membership Application

Please make checks payable to the Carmel Orchid Society and mail to: Carmel Orchid Society Membership

P.O. Box 223462 Carmel CA 939223462

Please print

Date _____

Name _____

Address _____

City _____ State ____ Zip _____

Telephone _____

Email address _____

How did you hear of us? _____

Membership Type

Single $35 ___

Couple $50 ___

Student $15 ___

Vendor $50 ___

Add an additional $10 to receive the BackBulb newsletter via US Mail

Renewal ____ New Member ____ Member American Orchid Society? __

Your contact information will be shared with the Carmel Orchid Society Leadership and Board. Your information will not be sold, shared with other organizations or listed publicly. Society Members can request other Member's contact information from the COS Leadership or Board.

☐ Check here if you DO NOT want your contact information shared with other Society Members