

# 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 93922-3462

Please print

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email address \_\_\_\_\_

If you were referred by a current member, please provide

his/her name \_\_\_\_\_

Renewal  New Member

Member of the American Orchid Society

Membership

Type

**Single** \$25 \_\_\_\_\_

**Couple** \$35 \_\_\_\_\_

**Vendor** \$35 \_\_\_\_\_

Add an additional \$5 to receive the newsletter via USPS

