

# 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** \$35 \_\_\_\_\_

**Couple** \$50 \_\_\_\_\_

**Vendor** \$50 \_\_\_\_\_

Add an additional \$10 to receive the BackBulb newsletter via mail (USPS).

