

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 _____

Student \$15 _____

Vendor \$50 _____

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