SAN DIEGO COUNTY ORCHID SOCIETY MEMBERSHIP APPLICATION		
Date:		
Name (Individual & Dual with same last name):		
Name (Dual with different last name):		
Address:		
City:	State:	ZIP Code:
Phone: ( ) -	Email:	@
MEMBERSHIP DUES		
Individual Membership \$20/year Year(s)		\$
<b>Dual</b> Membership \$25/year Year(s)		\$
NEWSLETTER - PUBLISHED ONLINE - WWW.SDORCHIDS.COM/NEWS		
NAME BADGE - CLASP TYPES: CLIP OR PIN \$7, MAGNET \$9		
Badge (Name #1) Clasp type:	(Name if different from	\$above)
Badge (Name #2) Clasp type:		
<b>Donation</b> for <b>Conservation of Orchids</b> (tax deductable) \$		\$
<b>Total</b> (Membership Dues + Badge(s) + Conservation of Orchids) \$		
MEMBER ONLY ROSTER INFORMATION		
Publish my address in Membership Roster. (circle to change: NO )	Publish my phone in Membership Roster. (circle to change: NO)	Publish my email in Membership Roster. (circle to change: NO )

Mail application along with your check to:
San Diego County Orchid Society
Membership
P.O. Box 161020
San Diego, CA 92176-1020

Phone: please see <a href="http://www.sdorchids.com/Contacts.html">http://www.sdorchids.com/Contacts.html</a>