

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) \$ _____

Dual Membership \$25/year Year(s) \$ _____

NEWSLETTER – PUBLISHED ONLINE - WWW.SDORCHIDS.COM/NEWSLETTER

NAME BADGE – CLASP TYPES: CLIP \$8, PIN \$8, MAGNET \$10

Badge (Name #1) Clasp type: _____ \$ _____
(Name if different from above)

Badge (Name #2) Clasp type: _____ \$ _____
(Name if different from above)

Donation for **Conservation of Orchids** (tax deductible) \$ _____

Total (Membership Dues + Badge(s) + Conservation of Orchids) **\$** _____

MEMBER ONLY ROSTER INFORMATION

Publish my address in
Membership Roster.
(circle for NO)

Publish my phone in
Membership Roster.
(circle for NO)

Publish my email in
Membership Roster.
(circle for 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 <http://www.sdorchids.com/board-of-directors/>