

Michiana Orchid Society Membership

New Member _____ Renewal _____

Individual \$20 _____ Family \$30 _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone (cell) _____ (other) _____

Email _____

Are you a member of AOS? Yes _____ No _____

Favorite orchid(s) _____

Program ideas _____

Road trip suggestions _____

Available to set up or take down out of town orchid show displays? Y _____ N _____

Positions/activities interested in volunteering for _____

Please make checks out to Michiana Orchid Society.

Bring this form with dues to monthly meeting or mail to treasurer:

Deb Longworth

7451 E 900 N

New Carlisle, IN 46552