

# *Platinum Coast Orchid Society*

## MEMBERSHIP APPLICATION for 2012

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

NEW MEMBER: \_\_\_\_\_ or RENEWAL: \_\_\_\_\_ (Renewal ONLY no changes in data) \_\_\_\_\_

ARE YOU A MEMBER OF THE AMERICAN ORCHID SOCIETY? \_\_\_\_\_ Yes, \_\_\_\_\_ No.

THE MEMBERSHIP FEE IS \$15.00 PER PERSON FOR REGULAR MEMBERS AND \$3.00 FOR JUNIOR MEMBERS (UNDER 16 YEARS OLD). Please pay by cash or check. Make checks payable to the "Platinum Coast Orchid Society" or "PCOS".

The membership fee is for one calendar year from Jan. 1 thru Dec 31, except for new members who join at the 2012 PCOS Orchid Show or those who join after Oct 1, 2012, who will be members through 12/31/2013.

AMOUNT PAID: \_\_\_\_\_ CASH: \_\_\_\_\_ CHECK NO. \_\_\_\_\_

Give or mail this completed form with cash or a check for the MEMBERSHIP FEE stated above to Joyce Schofield, your Membership Chairman, addressed below:

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Joyce Schofield  
118 Chipola Road  
Cocoa Beach, FL 32931  
Home: 321-783-5200, Cell: 321-960-4536  
E-mail: [joyceschofield1@att.net](mailto:joyceschofield1@att.net)

RECEIVED DATE: \_\_\_\_\_ BY: \_\_\_\_\_

Data Base Entry Date: \_\_\_\_\_

E-mail Address Book Entry Date: \_\_\_\_\_