

# *Platinum Coast Orchid Society*

## MEMBERSHIP APPLICATION - 2018

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

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

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

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

HOME/OFFICE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

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

NEW MEMBER: \_\_\_\_\_ 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, \$25 FOR A DUAL MEMBERSHIP AND \$3.00 FOR JUNIOR MEMBERS (UNDER 16 YEARS OLD). Please pay by cash or by check payable to the "Platinum Coast Orchid Society" or "PCOS".

The membership fee is for one calendar year, Jan. 1 thru Dec 31. New members who join after Oct 1, 2018 will have their membership extended thru 12/31/2019.

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

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

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Margaret Croucher  
510 Indian Bay Blvd.  
Merritt Island, FL 32954  
Home: 321-454-4067  
E-mail: mpcroucher@att.net

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

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

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