

Platinum Coast Orchid Society

MEMBERSHIP APPLICATION - 2019

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, 2019 will have their membership extended thru 12/31/2020.

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:

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: _____