

Platinum Coast Orchid Society

MEMBERSHIP APPLICATION for 2008

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

TELEPHONE: _____ E-MAIL: _____

NEW MEMBER: _____ RENEWAL: _____

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

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

The 2008 membership year is for a calendar year from Jan. 1 thru Dec 31, except for new members who joined at the PCOS August 2007 Orchid Show or those who joined after Oct 1, 2007, who are members through Dec 31, 2008.

AMOUNT PAID: _____ CHECK NO. _____

Mail this completed form and your check with the MEMBERSHIP FEE stated above to Jack Taylor, your new Membership Chairman, addressed below:

Jack Taylor
1180 Shady Lane
Merritt Island, FL 32952
Email: mjtquest@cfl.rr.com Phone: 321-453-4856 Cell: 321-543-1345

RECEIVED BY: _____ DATE: _____

Entered on Membership Roster _____