

# *Platinum Coast Orchid Society*

## MEMBERSHIP APPLICATION 2025

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

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

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

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

HOME/OFFICE: (\_\_\_\_) \_\_\_\_-\_\_\_\_ CELLPHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_ BIRTH MONTH: \_\_\_\_

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

Please circle:

**NEW MEMBER**

**RENEWAL**

ARE YOU A MEMBER OF THE AMERICAN ORCHID SOCIETY?

**Yes**

**No**

✓ **\$20** REGULAR MEMBERSHIP FEE (Per person)

✓ **\$30** DUAL MEMBERSHIP FEE (Adults residing in same household)

✓ **\$5** JUNIOR MEMBERSHIP FEE (Under 16 years old)

**Please pay by cash or by check payable to the "Platinum Coast Orchid Society" or "PCOS".  
CREDIT is available at meetings only.**

The membership fee is for **one calendar year**, Jan. 1 thru Dec 31. New members who join after October 1 will have their membership extended through December 31 of the following year.

AMOUNT PAID: \_\_\_\_\_

CASH: \_\_\_\_\_

CHECK NO. \_\_\_\_\_

CREDIT: \_\_\_\_\_

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

PCOS  
Attn: Membership  
PO Box 540991  
Merritt Island, FL 32954

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

Database Entry Date: \_\_\_\_\_

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