

Platinum Coast Orchid Society

MEMBERSHIP APPLICATION 2026

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME/OFFICE: _____ CELL: _____ BIRTH MONTH: _____

E-MAIL: _____

DUAL MEMBER

NAME: _____

HOME/OFFICE: _____ CELL: _____ BIRTH MONTH: _____

E-MAIL: _____

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)

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

Credit cards are accepted in person at monthly meeting.

Checks made payable to "Platinum Coast Orchid Society" or "PCOS" can be mailed to:

PCOS

Attn: Membership

PO Box 540991

Merritt Island, FL 32954

AMOUNT RECEIVED: _____ CASH: _____ CHECK: _____ CREDIT: _____

DATE: _____ BY: _____

**INQUIRIES CAN BE EMAILED TO:
PCOS.MEMBERSHIP.2025@GMAIL.COM**

