

# *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**

