

# Platinum Coast Orchid Society

## MEMBERSHIP APPLICATION 2024

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

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

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

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

HOME/OFFICE: \_\_\_\_\_ CELLPHONE: \_\_\_\_\_

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

NEW MEMBER: \_\_\_\_ RENEWAL: \_\_\_\_ (Renewal ONLY no changes in data) \_\_\_\_

ARE YOU A MEMBER OF THE AMERICAN ORCHID SOCIETY? \_\_\_\_ Yes \_\_\_\_ No

THE 2024 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 , 2024 will have their membership extended thru 12/31/2025 and should pay the 2025 membership fee of \$20.00 Per Person or \$30 for a Dual Membership.

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 Smith, Membership Chairman, addressed below:

Margaret Smith  
340 Nice Ct.  
Merritt Island, FL 32953  
Home: 321-615-5968  
E-mail: [msmith2253@gmail.com](mailto:msmith2253@gmail.com)

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

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

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