



The
**MARYLAND
ORCHID
SOCIETY, INC.**
P.O. Box 5651, Baltimore, MD 21219

Membership Application

I (We) enclose herewith \$_____ to cover membership dues for the fiscal year ____ in the Maryland Orchid Society, Inc.

Dues are **\$20.00** per year (September 1st through August 31st) for single, joint or family memberships. Dues are **\$10.00** for one half year (February 1st through August 31st) for new members only.

NAME (please print) _____

Spouse or Partner's Name _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

I (We) grow under the following conditions:

Greenhouse _____ Indoor Lights _____

Wardian Case _____ Sun Parlor _____

Other _____

In order that the Society may render the most to all members, please indicate your particular interests:

Are you a member of the American Orchid Society Yes _____ No _____

Signature _____ Date _____

PLEASE MAKE CHECKS PAYABLE TO: MARYLAND ORCHID SOCIETY, INC. (MOS)

You may give your check (or cash) along with this form to the Membership Chairman or his alternate at a meeting. You may also mail this form and your check to the Membership Chairman: **Maryland Orchid Society, P.O. Box 5651, Baltimore, Maryland 21210**. Please do not mail cash. You will receive a membership card by mail or at a meeting.