

GENESEE REGION



ORCHID SOCIETY

MEMBERSHIP APPLICATION

Please check one:

- | Membership Type | Dues |
|-------------------------------------|------|
| <input type="checkbox"/> Individual | \$20 |
| <input type="checkbox"/> Family | \$25 |

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____



For our Membership Roster*:

Please do not publish my phone

*The roster is available for members' use only. Your information will not be sold or otherwise distributed.

Please return this form with your payment to:

Genesee Region Orchid Society, Inc.
P. O. Box 20606
Rochester, NY 14602



Office Use Only

Date Received _____

Date Deposited _____

Amount Received: _____

___ Cash

___ Check # _____

CID: _____

___ Database updated

The Society exists to stimulate interest in orchids and educate members and the public in their culture, improvement, use and conservation.