

**G.R.O.S Member Plant Sales
Commission Submittal Form**
(Please include form with payment)

Member Name: _____

Address: _____

Phone: _____

E-Mail Address: _____

Date of Plant Sales: _____

Total Amount of Plant Sales: \$ _____

Commission due GROS (15% of total): \$ _____

Please either make payment to Treasurer at the meeting, or mail payment to:

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

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Treasurer's Use

Paid by: _____ Cash
 _____ Check (Check Number _____)

Date received: _____