

**Membership Application**

**Gainesville Orchid Society**



Date: \_\_\_\_\_

Member Name: \_\_\_\_\_ \$20 Individual

Family Members: \_\_\_\_\_ \$25 Family

E-mail Address: \_\_\_\_\_ (required)

*Your newsletter will be electronically mailed to you at the e-mail address above.*

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)  
(Please include area code)

New Member \_\_\_\_\_ Renewal Member \_\_\_\_\_

Areas of Interest/Suggestions/Comments:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Mail completed form with your check (payable to G.O.S.) to:**

**Gainesville Orchid Society  
PO Box 5927  
Gainesville, FL 32627-5927**