



Internal/GOS

- Pd.
- Packet
- Plant
- Email
- Roster
- Name Tag

Gainesville Orchid Society MEMBERSHIP FORM 2025

Date: _____

Membership type

Name: _____ \$35 Individual

New Member *Renewal*

\$15 Student

members: _____ \$45 Family

Email Address (required): _____

Your newsletter will be electronically mailed to you at the email address above.

Address: _____

Phone/Cell: _____

Areas of Orchid related topics you are interested in learning about:

1. _____
2. _____
3. _____

Payable by Cash, Check, or Square® Mobile Card Reader. Make checks payable to G.O.S:

Gainesville Orchid Society
c/o Marti McGuire
2260 NW 21st Ave.
Gainesville, FL 32605