



Internal/GOS

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

# Gainesville Orchid Society MEMBERSHIP FORM 2024

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

Membership type

Name: \_\_\_\_\_  \$25 Individual

*New Member*  *Renewal*

\$15 Student

Family members: \_\_\_\_\_  \$30 Family

Email Address (required): \_\_\_\_\_

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

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

Phone/Cell: \_\_\_\_\_

Areas of Interest/Suggestions/Comments:

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