



Gainesville Orchid Society MEMBERSHIP APPLICATION

Date: _____

Member Name: _____ \$20 Individual

Student Name: _____ \$10 Student

Family Members: _____ \$25 Family

Email Address (required): _____

Your newsletter will be electronically mailed to you at the email 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
c/o Marti McGuire
2260 NW 21st Ave
Gainesville, FL 32605