

MEMBERSHIP FORM MAINE ORCHID SOCIETY

SEPTEMBER 1, 2017 – AUGUST 31, 2018

**Individual Membership: \$20/year    Family Membership: (2 people at same address) \$30/year.**

Please complete this form and mail it, along with your check made out to **MEOS**, to our Treasurer.

**Susan Luce P.O. BOX 431 HARPSWELL, ME 04079** [skluce@yahoo.com](mailto:skluce@yahoo.com)

**Membership status:** NEW / RETURNING

Name (Please print!) \_\_\_\_\_

Cell/ Home Phone#: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Street/P.O. Box: \_\_\_\_\_

Town: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

**FAMILY MEMBER JOINING (if family membership—must live at same address)**

Name \_\_\_\_\_

Cell # \_\_\_\_\_

E-mail \_\_\_\_\_

Are you a member of AOS? YES/NO

My signature below signifies my consent for Maine Orchid Society (MEOS) to share/publish my above contact information with other members of MEOS and to use my e-mail address to communicate with me with respect to activities and events related to my membership and/or participation in MEOS. (If applying for FAMILY MEMBERSHIP, both parties must sign.)

\_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

*For Office Use Only: Amount Paid: \$\_\_\_\_\_ Deposit Date: \_\_\_\_\_ Check No. \_\_\_\_\_ Cash \_\_\_\_\_*

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This receipt certifies that \_\_\_\_\_ is a member in good standing of the **MEOS** for the current year beginning **September 1, 2017** and expiring on **August 31, 2018**. We have received your **check / cash** for **\$20 Individual / \$30 Family membership**. Meetings are the second Monday Sept. through June at St. Ann's Church in Gorham, ME at 6:45. Check our website at [MaineOrchidSociety.org](http://MaineOrchidSociety.org) for the latest news.

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

Sue Luce, Treasurer (or Maine Orchid Society Representative)