

MEMBERSHIP FORM MAINE ORCHID SOCIETY

SEPTEMBER 1, 2018 – AUGUST 31, 2019

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

Membership fees for the year are due in September.

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

Susan Luce P.O. BOX 431 HARPSWELL, ME 04079 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 _____

This receipt certifies that _____ is a member in good standing of the **MEOS** for the current year beginning **September 1, 2018** and expiring on **August 31, 2019**. 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 for the latest news.

Date: _____

Sue Luce, Treasurer (or Maine Orchid Society Representative)