

MEMBERSHIP FORM MAINE ORCHID SOCIETY

SEPTEMBER 1, 2019 – AUGUST 31, 2020

Individual Membership: \$20/year

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

Membership fees for the year are due in September for every member!

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 _____