

MEMBERSHIP FORM
MAINE ORCHID SOCIETY
SEPTEMBER 2014 – JUNE 2015

Thank you for your interest in joining the Maine Orchid Society (MEOS).
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 as follows:

Vicki Fisk
3 Chester Street
Portland, ME 04103

Name _____

Name _____

Home Phone Number _____

Home Phone Number _____

Cell Number _____

Cell Number _____

E-Mail _____

E-Mail _____

Mailing Address:

Street/PO Box

Town

State

Zip Code

I/We prefer to receive our monthly MEOS newsletter via: _____ E-Mail _____ Snail Mail

Please sign me up to assist with refreshments for the month of (please circle one or more):

SEPT OCT NOV (DEC is pot luck) JAN FEB MAR APRIL MAY JUNE

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.

Date

Signed

Date

Signed

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