

Membership Form

MAINE ORCHID SOCIETY

September 2015 - June 2016

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 _____ Home Phone _____ Cell Phone _____ Email _____	Name _____ Home Phone _____ Cell Phone _____ Email _____

Mailing Address:

Street/PO Box _____

Town _____

State _____ Zip Code _____

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: \$ _____