MEMBERSHIP FORM MAINE ORCHID SOCIETY

SEPTEMBER 2016 – JUNE 2017

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:

Ear Off:	Use Only: Amount Paid	l. ¢ D.	it Date:	Check No.	Cash
Date	Signed		Date	Signed	
contact in	formation with other meet to activities and even	embers of MEOS ar	nd to use my	e-mail address to	communicate with me
	ture below signifies my	•			
_	n me up to assist with refr PT OCT NOV (DEC		_		
Are you in	iterested in joining AOS?		Yes	No	
Are you ar	n AOS (American Orchid	Society) member?	Yes	No	
Sta	ate		Zip Code		
To	wn				
Str	eet/PO Box				
Mailing A					
E-Mail			E-Mail		
Cell Numb	per		Cell Numb	oer	
Home Pho	one Number		Home Pho	ne Number	
Name			Name		
Susan Luc P. O. Box Harpswell		(207) 833-550	4 sklı	uce@yahoo.com	