

**MAINE ORCHID SOCIETY—MEMBERSHIP FORM**

**SEPTEMBER 1, 2024 – AUGUST 31, 2025**

**Membership: \$30/year (Includes up to two family members living at the same address). Each membership unit will receive a free orchid at a meeting in the spring!**

**Membership fees for the year are due in September 2024.**

**Membership subscription runs September through June 2025.**

Please complete this form and mail it to our Treasurer, along with your **check** made out to **Maine Orchid Society**.

**Donna Kendall 1 Osprey Circle, A13, South Portland, ME 04106 • [dkendall\\_99@hotmail.com](mailto:dkendall_99@hotmail.com)**

**Membership status:** NEW / RETURNING

Name: **(Please print!)** \_\_\_\_\_

Cell/ Home Phone#: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Street/P.O. Box:  
\_\_\_\_\_

Town: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

**FAMILY MEMBER JOINING: (must live at the same address)**

Name \_\_\_\_\_

E-mail \_\_\_\_\_

**\*\*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 \_\_\_\_\_**

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