

MAINE ORCHID SOCIETY – MEMBERSHIP FORM

SEPTEMBER 1, 2024 – AUGUST 31, 2025

Membership subscription runs September through June 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.

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

Cynthia Volin 4 Tanya Lane, Falmouth, ME 04105 • cvolin25@gmail.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 _____