

Membership Application

Gainesville Orchid Society



Date: _____

Member Name: _____ \$20 Individual

Family Members: _____ \$25 Family

E-mail Address: _____ (required)

Your newsletter will be electronically mailed to you at the e-mail address above.

Address: _____

Phone: _____ (Home) _____ (Work)
(Please include area code)

New Member _____ Renewal Member _____

Areas of Interest/Suggestions/Comments:

1. _____
2. _____
3. _____

Mail completed form with your check (payable to G.O.S.) to:

**Gainesville Orchid Society
PO Box 5927
Gainesville, FL 32627-5927**