

Gainesville Orchid Society

Internal/GOS

c Pd.

c Packet

c Plant

c Email

c Roster

c Name Tag

MEMBERSHIP FORM 2024

Date: Membership type

Name: □ $25 Individual

*□ New Member □ Renewal* □ $15 Student Family members: □ $30 Family

Email Address (*required*):

*Your newsletter will be electronically mailed to you at the email address above.*

Address:

Phone/Cell:

Areas of Orchid related topics you are interested in learning about:

1.

2.

3.

*Payable by Cash, Check, or Square® Mobile Card Reader. Make checks payable to G.O.S:*

Gainesville Orchid Society c/o Marti McGuire

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Gainesville, FL 32605

(022724)