



MARYLAND ORCHID SOCIETY

P.O. Box 50097

Baltimore, Maryland 21211

www.MarylandOrchids.org

NEW MEMBER APPLICATION

I (We) enclose herewith \$ _____ to cover membership dues for the year _____ of the Maryland Orchid Society.

Dues are **\$30.00** per year (September 1st through August 31) for all- single, joint, or family memberships. Dues for new members joining after January of the current year will be valid until August 31 of the following year.

Please fill in all information

Title (Mr./ Mrs/ Miss/ Ms./ Dr.) _____

Last Name _____ First Name _____

Spouse/ Significant Other _____

Address _____

City/State _____ Zip Code _____

E-mail address (**print clearly**)

Phone(home) _____ (work) _____ (cell) _____

Signature _____ Date _____

PLEASE MAKE CHECKS PAYABLE TO: Maryland Orchid Society (MOS).

You may give your check (or cash) along with this form to the Membership chair at a meeting or mail this form and your check to:

**Maryland Orchid Society
P.O. Box 50097
Baltimore, Maryland 21211**