

South Carolina Orchid Society 2018 Membership Form

Fiscal year for the society is January 1 to December 31

Please check one: Individual \$15 Joint \$20 Student \$10 Commercial \$25

New Member Renewal Update of Personal Info

Name: _____ Spouse: _____

Address: _____ City: _____

State: _____ Zip _____

Phone _____

Email: _____ Other email _____

(Can send Newsletters to more than one email address)

Do you prefer to receive printed Newsletters in the mail? Yes

Please check information can we publish in our roster?

_____ Name

_____ Address

_____ City only

_____ Email

_____ Phone nr

Please submit at a regular meeting or mail this form with your dues payment to:

Dave Grieve, 223 Bent Oak Dr., Clarks Hill, SC 29821

NOTE: If you do not plan to continue your membership, please let us know. Dave can be reached at 407 230 6854 or by email scostreasurer@icloud.com.