

South Carolina Orchid Society 2024 Membership Form

Fiscal year is January 1 to December 31, 2024

Please Check One: Student \$15 Individual \$20 Joint \$25 Commercial \$30

Name: _____

Address: _____

City: _____

State: _____ Zip _____

e-mail: _____

Phone: _____

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

Make checks payable to: South Carolina Orchid Society

Mark Mull, 723 Fairway Lakes Road, Greenwood, SC 29649