

# South Carolina Orchid Society 2026 Membership Form

Fiscal year is January 1 to December 31, 2026

Please Check One:  Student \$15     Individual \$25     Joint \$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