

Cherry City Orchid Society
Membership Application / Renewal - Year _____

New Member Renewal Annual Individual or Family Membership fee is \$25.00.

Order Name Tag (\$8 each) Number _____ Total Amount Paid _____ Date _____

Please make check payable to the Cherry City Orchid Society

Mail to: Cherry City Orchid Society
 PO Box 12703
 Salem, OR 97309

Name(s): _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

Email address: _____ Please provide for electronic delivery of newsletter.

If you prefer that your email not be published in the membership directory please note here - **NO**
(You will enjoy faster delivery, colors other than black and white and save the club printing & mailing costs)

Thank you. Welcome to the Cherry City Orchid Society!

Member Profile - Information about you that will help us get to know you and integrate you into the society

Started growing orchids (approximate year)? _____

First Joined CCOS (for members updating their profile) _____

Approximate number of orchids I grow (10, 25, 50, 100, 500, 2000, etc) _____ Greenhouse Home

May members of our society contact you regarding orchid growing questions?

YES – Prefer Email Phone NO (If no, we will exclude email/phone contacts in directory)

Main genera(s) of interest (list all that apply in general order) _____

Other hobby interests _____

May we use your photo* 😊 in our electronic membership roster? YES NO

Suggestions for monthly programs or other society meetings/business _____

Thank you! Please return this form with your dues. We need current information each year.

* Our intent is to either have someone take a picture at a monthly meeting or have you mail one to the membership director.