

Cherry City Orchid Society
Membership Application / Renewal - Year _____

* New Member * Renewal Annual Individual or Family Membership fee is \$15.00.

* Order Name Tag (\$6 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If you prefer that your email not be published in the membership directory please note here - * NO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 for a new Directory

* We will either have someone take a picture at a monthly meeting or you can email one to the membership director.