MID-HUDSON ORCHID SOCIETY
MEMBERSHIP APPLICATION

Please fill out top portion of this form completely. Please PRINT clearly.

Name: _____

Address: _____

City: _____State: _____ Zip: _____

Phone: _____

E-mail: _____

Membership type: _____ Single $25.00 _____ Family $35.00

I prefer to receive my newsletter via: _____ US mail _____ E-mail

Growing conditions: _____ Greenhouse
(Check all that apply)

_____ Windowsill

_____ Under Lights

_____ Other

Are you a member of the American Orchid Society (AOS)? ____ Yes ____ No

Please mail this membership form along with your dues to: Ruth Nattras
2 Lake Avenue
Middletown, NY 10940
845-343-2901

Please make check payable to: MHOS

For MHOS office use only

Date:_____

Member number: _____

☐ New ☐ Renewal

Date paid: _____

How paid: ☐ Cash ☐ Check #_____