

# Tallahassee Orchid Society

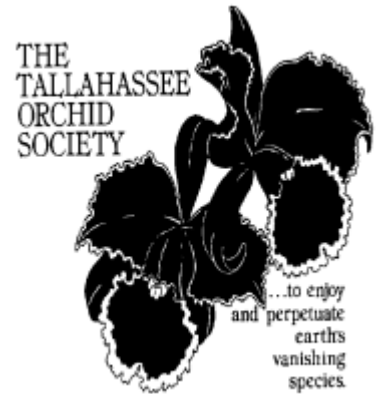
www.tallyorchid.org

## Membership Form

Annual Membership Dues are payable every January or at the time an application is submitted.

Mail completed form with your check (made payable to **Tallahassee Orchid Society**) to:

**Pam Stevens**  
1923 Atapha Nene  
Tallahassee, FL 32301-5850



Date: \_\_\_\_\_

First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_  
Last Name \_\_\_\_\_

Single Membership  \$15  
Family/Couple Membership  \$20

If Family Membership Enter Family Member(s) Name(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_  
Phone – Home Area Code \_\_\_\_\_ Number \_\_\_\_\_  
Phone – Mobile Area Code \_\_\_\_\_ Number \_\_\_\_\_

Street Address \_\_\_\_\_  
Street Address 2 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_

Exclude my address from the membership list

New Member  or Renewal

### Optional

Main Areas of Orchid Interest:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Would you be interested in serving as a T.O.S. officer? Yes  No

If yes put a check next to the positions your areas of interest:

Areas of interest:

President  Vice President  Marketing   
Show Chairperson  Webmaster  Treasurer  Newsletter

Other \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

Form Version 1 June 2011

[www.tallyorchid.org](http://www.tallyorchid.org)

[info@tallyorchid.org](mailto:info@tallyorchid.org)

Membership Questions 850 510-5528