



Southern Ontario Orchid Society

MEMBERSHIP 2008

DATE : _____
 NAME: _____
 ADDRESS: _____
 CITY: _____ POSTAL CODE: _____
 TELEPHONE: (____) _____ EMAIL: _____

How do you wish to receive your monthly Newsletter: --- Mail or --- e-mail
 The information you supply on this form will only be used to contact you for orchid society purposes.

Please Check

Renewal _____
 New Member _____
 If Member of AOS _____
 Volunteer Skills _____

Growing

Under Lights _____
 Greenhouse _____
 Windowsill _____
 Just Starting _____

MEMBERSHIP

Single or family \$25.00 per calendar year
 Badges \$7.00 per person.

PLEASE RETURN TO:

Southern Ontario Orchid Society
 c/o Ms. Hess Pommells, Apt. 503,
 370 Dixon Road, Weston, ON, M9R 1T2
 Phone 416-245-0369

CARD NUMBER _____

FOR NEW MEMBERS ONLY The Southern Ontario Orchid Society would like each member to wear a name badge at all meetings. This distinguishes you as a member of our group. The cost is \$7.00 per badge which is in addition to the annual membership fee. If you wish to order a badge, **please print** the name you wish to appear on your badge below. Additional badges or replacements may be ordered at cost.

Badge One _____

Badge two _____