

**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: Brenda Peterson
85 Dubois Road
New Paltz, NY 12561

Please make check payable to: MHOS

For MHOS office use only

Date: _____

Member number: _____

Date joined _____

New Renewal

Date paid: _____

How paid: Cash Check # _____