



# Sonoma County Orchid Society

www.sonomaorchids.com

## Membership Application

Dues per household: \$25.00 July 1<sup>st</sup> to June 30<sup>th</sup>

New membership dues paid after July 1 will be prorated

Please make checks payable to: SCOS (Sonoma County Orchid Society)

New \$25    Renewal \$25    Permanent Name Tag \$12    Info Change    AOS Member

### PRIMARY MEMBER:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday (Month): \_\_\_\_\_ (Optional)

### PARTNER:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday (Month): \_\_\_\_\_ (Optional)

I am interested in the following volunteer opportunities:

- Bus Trip    Spring Show    BBQ and Auction    Open Greenhouse    Holiday Party  
 Newsletter    Board Position    Communications    Public Relations    Web Master  
 Speakers    Greeting    Meeting Setup    Refreshments  
 Other \_\_\_\_\_

Send your completed application and check to:

Membership Secretary

P.O. Box 11195, Santa Rosa, CA 95406

Email: [Membership@sonomaorchids.com](mailto:Membership@sonomaorchids.com)