



Sonoma County Orchid Society

www.sonomaorchids.com

Membership Application

Dues per household: \$25.00 July 1st to June 30th

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