



Membership Application

Dues per household: \$25.00

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

New \$25 Renewal \$25

PRIMARY MEMBER:

Name: _____ Date: _____

Address: _____

City: _____ State: ____ Zip: _____ Phone: _____

Email: _____ Birthday (Month): _____ (Optional)

Spouse/ Partner

Name: _____

I am interested in the following volunteer opportunities:

SCOS Events SCOS Monthly Meetings I'd like more information on volunteer opportunities

Send your completed application and check to:

Membership Secretary

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

Email: Membership@sonomaorchids.com