

2015 Triad Orchid Society
Membership Application
Or Renewal

Name: (Print) _____

Address: _____

Phone: _____

Email: _____

AOS member? Yes _____ No _____

Years growing orchids? _____

Special Interest Area _____

Dues: Single or Family membership \$25 per year _____

Please fill out your declaration for show table awards. Declare whether you are a small grower (less than 200 plants) or a large grower (over 200 plants) as of January 2015. Give membership form to Gay Sharpe, TOS Treasurer, or mail to Gay at P.O. Box 122, Mocksville, NC 27028.

Name: _____

Category: _____ Small grower

_____ Large grower

Date: _____

Signature: _____