



# Denver Orchid Society

## Membership Form

### 2018



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

Name (1): \_\_\_\_\_

Name (2): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone      Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

Work/Cell Phone:      Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Growing Conditions (Circle all which apply):**

Under Lights                      Window sills                      Greenhouse                      Sunroom

Cool Growing plants              Intermediate Plants              Warm Growing Plants

I belong to (Check all that apply):

- American Orchid Society (AOS)
- Orchid Digest Corporation
- Denver Botanic Gardens

Dues Amount \$ \_\_\_\_\_ Single Membership (\$30.00)      \_\_\_\_\_ Dual Membership (\$40.00)

Send my newsletter by email to \_\_\_\_\_ OR Regular Mail\_ ADD \$10.00\_\_

Send my yearbook by email to: \_\_\_\_\_ OR I will pick up at a meeting/ADD \$5.00

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I would like to donate an additional amount of \$ \_\_\_\_\_

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Please make your check payable to Denver Orchid Society and mail it with this form to:

Shirlee McDaniels  
2107 W Baker Ave  
Englewood CO 80110-1006