



Denver Orchid Society

Membership Form

2019



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

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

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

Marion Allen
9160 Ranch River Circle
Highlands Ranch , CO 80126