

Pinelands Orchid Society Membership Form

Name(s) _____
Last Name(s) First Name(s)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

E-mail Address: _____

Annual Dues: September to June

_____ Single \$20.00 _____ Family \$25.00 (2+ members at same mailing address)

Please make checks out to **Pinelands Orchid Society** and mail to:

Pinelands Orchid Society
c/o Mike Horn
107 Lippincott Ave
Riverton, NJ 08077