

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)

*We could not function without the volunteerism of our members. We ask that you volunteer to help on at least one of our committees. It is the best way to advance your orchid-growing knowledge, have fun, and make new friends who share the love of orchids! We welcome your help on any of our committees that you are interested in.
Just ask!*

Monthly Meeting: Welcome Visitors/Interview New Members | Assist with Raffle

Hospitality/Refreshments: Set Up (7:00-7:30) | Clean Up

Meeting Programs: Recruit Speakers | Sell Supplies

Show Table: Set Up (7:00-7:30) | Assist Judges | Photography

Library | Orchid Show Displays | Holiday Banquet

Please make checks out to **Pinelands Orchid Society**
You can bring your application and annual dues to any meeting or mail to:

Mike Horn, Membership Secretary
107 Lippincott Ave, Riverton, NJ 08077