



Membership Registration Form

Annual Membership Dues are payable every January or at the time an application is submitted. Single memberships: \$40.00. Family memberships: \$50.00.

The Naples Orchid Society is a non-profit organization, devoted to the promotion of, interest in, and appreciation of orchids and the preservation of our native orchids. It is also our aim to disseminate information pertaining to their culture and hybridization.

Date _____
Name (Mr., Mrs., Ms.) _____
Second Name (if family membership) _____
Street address _____ City _____ Zip _____
(home) _____ (work) _____ (cell) _____ (fax) _____
Email _____
Occupation _____ Retired? _____
This application is for: Individual _____ Family _____
Are you growing orchids as a hobby? _____ As a profession? _____
Are you willing to participate in the activities of the Society, insofar as your health and ability permit? _____

Officer/committee activities that interest you (Check those of interest)

- Officer-Director
- Refreshments
- AOS Representative
- Finance-Audit
- Membership
- Conservation
- Newsletter
- Greeting / Hosting
- Monthly Plant Management
- Library
- Publicity
- Monthly Plant Raffle
- Historian / Scrapbook
- Plant Sale
- Condolence / Care

Are you willing to bring refreshments once or twice a year? Yes ___ No ___
Are you interested in helping to set up a Society exhibit in other Orchid Society shows? Yes ___ No ___
Are you a member of the American Orchid Society? Yes ___ No ___
Would you be willing to help with our annual Orchid Show? Yes ___ No ___

If yes, please indicate in which areas:

- Setup/tear down
- Haul Plants
- Usher / Host
- Tickets
- NOS Booth
- Security
- Judging Clerk
- Refreshments
- Art Work (on day of judging)
- Publicity

Amount enclosed with registration: ___ \$40 ___ \$50

Please make checks payable to **Naples Orchid Society** and mail to **P.O. Box 7998, Naples, FL 34101**