

JOIN TODAY AND RECEIVE A FREE ORCHID.

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

Membership Dues

Check One- Individual \$15.00 _____ **Family \$20.00** _____ **Lifetime \$200.00** _____

Membership is open to anyone interested in orchids..

Please make checks payable to The Portland Orchid Society, and mail to Membership

Chairperson: P.O. Box 19123 Portland, OR 97280. You may also join at the

monthly meetings. By becoming a member you agree to abide by the Bylaws & Code of Ethics of the Society..