

PORTLAND ORCHID SOCIETY

Membership Application

Membership is open to anyone interested in orchids.

Please make check payable to The Portland Orchid Society, and mail to: Portland Orchid Society - Membership Chairperson at PO Box 19123 Portland, OR 97280

Membership Dues

Check one - Individual \$15.00___ Family \$20.00___ Lifetime \$200.00___
Student \$7.50___ (must be full time student)

Date: _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Email _____

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

