PORTLAND ORCHID SOCIETY Membership Application

Telephone_____

| Membership is open to anyone intelled Please make check payable to The | Portland Orchid So | | d Orchid Society - |
|--|---------------------------------|--|--------------------|
| Membership Chairperson at PO Box | <mark>x 1</mark> 9123 Portland, | OR 97280 | \ |
| Membership Dues | | | |
| Check one - Individual \$20.00 | _Family \$25.00 | Lifetime \$200.00 | |
| Student \$15 <mark>.00</mark> | (must be full-time | e student) | |
| Date: | | | |
| Date: | | No. of the last of | |
| Name | 1 3 | Annual Control of the | _/ |
| | | | |
| Address | 55,500 | | / |
| | (CORE) | | |
| City | State | Zip | - |

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