



Mid-Hudson Orchid Society

Membership Application

Membership is for 1 year January 1 to December 31

Please fill out top portion of this form completely. Please PRINT clearly.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Tele: (____) _____ E-mail address: _____

Membership Type: ___ Single \$25.00 ___ Family \$35.00

I prefer to receive my newsletter via: ___ U.S. mail ___ E-mail

Growing conditions ___ Greenhouse
(check all that apply) ___ Windowsill
 ___ Under Lights
 ___ Other

Are you a member of the American Orchid Society

Please mail your membership form along with your dues to: MHOS/MEMBERSHIP
6 Old Temple Hill Road, Unit 91
Vails Gate, NY 12584-7506

Please make checks payable to MHOS

For MHOS office use only

Date: _____

Member Number: _____ Date Joined: _____

New Renewal

Date Payment Received: _____ Cash Check # _____