



Mid-Hudson Orchid Society Membership Application

Membership is for 1 year - January 1 to December 31
Please fill out the top portion completely. Please print clearly.
mhorchidsociety.com

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tele: _____

E-mail address: _____

Membership Type: Single \$25.00 Family \$35.00

Growing Conditions:
(check all that apply)

Windowsill _____

Greenhouse _____

Under Lights _____

Other _____

Please mail your membership form along with your dues to: MHOS/Membership
Or hand in person to Membership Chairperson P.O. Box 91
Please make checks out to MHOS Vails Gate, NY 12584

For MHOS office use only

Date Joined: _____ Member Number _____

New Renewal

Date Payment Received: _____ Cash Check# _____