

MEMBERSHIP FORM

- □ NEW MEMBERSHIP
- □ RENEWAL
- □ DONATION
- □ ANNUAL DUES

\$25 Per Household (per calendar year)

Please make check payable to: FIVE CITIES ORCHID SOCIETY

□ Please update my current information as noted below:

DATE:	
NAME (s):	
ADDRESS:	
CITY, STATE, ZIP:	
BEST PHONE NUMBER:	
EMAIL:	

•FCOS will send the Monthly Newsletter via email unless otherwise instructed. •Your email address will not be distributed to any other organization.

Please mail this application and your check to: FIVE CITIES ORCHID SOCIETY Attn: Membership P.O. Box 1066 Grover Beach, CA 93483-1066

## BENEFITS MEMBERS RECEIVE

Monthly Newsletter includes FCOS activities, informative articles, orchid culture tips, photos from FCOS events - World Renowned Speakers - Network with Local Enthusiasts - Annual Orchid Show -Various Field Trips - Biannual Dinner and Auction - Win Beautiful, Quality Orchids - Opportunity to Participate in the design of FCOS's Display at the Santa Barbara Orchid Show

Thank you for supporting the FIVE CITIES ORCHID SOCIETY