



**MEMBERSHIP FORM**  
**SEPTEMBER 1, 2014 - AUGUST 31, 2015**

# Flamingo Gardens Orchid Society

**NEW MEMBER:**

**RENEWAL:**

TAB FROM FIELD TO FIELD TO COMPLETE FORM. IF COMPLETING ON PAPER, PLEASE PRINT LEGIBLY.

MAIL TO: Debbie.Brown-15101 Durham Ln, Davie, FL 33331

<b>Last Name:</b>		<b>First Name:</b>	
<b>Address:</b>		<b>Birthday:</b>	
<b>City, State, Zip:</b>		<b>Occupation:</b>	
<b>Phone-Home:</b>		<b>Phone-Cell:</b>	
<b>E-mail:</b> To receive newsletter			
<b>Spouse/Partner Last Name:</b>		<b>First Name:</b>	
<b>Birthday:</b>		<b>Occupation:</b>	
<b>Phone-Home:</b>		<b>Phone-Cell:</b>	
<b>E-mail:</b> To receive newsletter			

## ABOUT YOU

<b>Are you a member of the American Orchid Society (AOS)?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Do you belong to other Orchid Societies?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<i>If yes, please list.</i>		
<b>What is your favorite kind of orchid?</b>		
<b>What about orchids would you like to learn?</b>		
<b>Any special interests?</b>		

## ABOUT THE SOCIETY

<b>Are you interested in serving on a committee?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<i>If yes, please list.</i>		
<b>Are you interested in field trips to visit orchid growers?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Can we publish your address, phone &amp; e-mail in a directory?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

## OFFICIAL USE

<b>CASH:</b> <input type="checkbox"/>	<b>CHECK:</b> <input type="checkbox"/>	<b>CHECK #:</b>
		<b>DATE:</b>