

MEMBERSHIP FORM
SEPTEMBER 1, 2019 - AUGUST 31, 2020

Flamingo Gardens Orchid Society

NEW MEMBER: RENEWAL:

PLEASE PRINT LEGIBLY

MAIL TO: MARY LATHROP, 11515 SW 51 CT, COOPER CITY, FL 33330. DUES ARE \$25.00 PER PERSON.

Last Name:	First Name:
Address:	Birthday: (mm/dd)
City, State, Zip:	Phone:
E-mail: To receive the newsletter	

ABOUT YOU

PLEASE COMPLETE TO HELP PLAN FOR FUTURE PROGRAMS & EVENTS

If NEW to FGOS, how did you hear about us?

Are you a member of the American Orchid Society (AOS)? Yes No

Are you a member of Flamingo Gardens? Yes No

How long have you been an orchid hobbyist? Circle your answer:
 0-3 years 4-8 years 9-12 years 13 or more

What kind of orchids do you grow? Circle all that apply:
 Cattleya Dendrobium Vanda Phalaenopsis Oncidium
 Bulbophyllum Paphiopedilum or Phragmipedium Catasetum Schombos

What do you consider your level of Orchid Knowledge? Newbie – Beginner - Intermediate - Advanced

Where do you grow your orchids? Circles all that apply :
 Outdoors under trees – In a shade house or other structure – In a greenhouse – Indoors

Are you interested in attending - Circle your Answers: Workshops Field trips Social Event (Picnic)

What topics or speakers would you like us to plan?

ABOUT THE SOCIETY

Are you interested in volunteering to help FGOS? Yes No

Can we publish your name, address, phone & e-mail in our society directory? Yes No

OFFICIAL USE

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