

# Membership Application

Name(s): \_\_\_\_\_  
(please print clearly)

Address: \_\_\_\_\_

City/ State/Zip: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

You will receive the newsletter via email

Are you a Member of AOS? \_\_\_\_\_ Yes \_\_\_\_\_ No

Annual Dues are \$12.00 per person.

\$15 for two or more, same address.

Dues are from Jan. to Dec.

Please make check payable to:

**South Central Washington Orchid Society**

c/o 307 S. Young Place

Kennewick, WA 99336