



Denver Orchid Society

Membership Form



Date: _____
Name(s): _____
Address: _____
State: Zip Code: _____
Home Phone: _____
Work / Cell Phone: _____
Email: _____

Growing Conditions (Check all that apply):

- Under Lights Window sills Greenhouse Sunroom
 Cool growing plants Intermediate Plants Warm Growing plants

I belong to (Check all that apply):

- American Orchid Society (AOS)
 Orchid Digest Corporation
 Denver Botanic Gardens

Dues Amount: _____ Dual Membership, \$35 _____ Single Membership, \$25

Send my newsletter by: eMail to: _____ Regular mail /ADD \$10

Send my Yearbook by: eMail to: _____ I will pickup at a meeting / ADD \$5

I would like to donate an additional amount of: \$ _____

Please make your check payable to *Denver Orchid Society* and mail it with this form to:

Shirlee McDaniels,
DOS Membership Chair
2107 W. Baker Ave.
Englewood, Colorado 80110-1006