



# 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