



FLORIDA WEST COAST ORCHID SOCIETY

Membership Form

Please enter all information legibly as it will be used to update the membership directory.

Date: _____

New Membership _____ or Renewal Membership _____

NAME: _____

ADDRESS: _____

CITY: _____ ST _____ ZIP _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

Fee Schedule:

- \$30.00 for the first annual member in a household.
- \$15.00 for each additional annual member(s) in a household. (In households with Life or Honorary Members they are considered the first annual member. They do not pay for themselves, but if there are additional members in the household they pay \$15.00 each.)

Today's total:

_____ \$30 – Single member
_____ \$15 – Additional household member
_____ \$300 – Lifetime Membership
_____ \$10 – FWCOS Name Badge

Cash _____ Check # _____ Online Website Payment _____

Please send this form via email, or via postal mail along with your payment to the mailing address below. Alternatively, you may submit payment online via our website, however please email this form to info@fwcos.org after submitting payment to ensure we have record of your membership.

You may also sign up at the membership table during any monthly meeting.

Postal Mail to:

Corrine Arnold - FWCOS Membership
1007 Turner Street, Clearwater, FL 33756