

FLORIDA WEST COAST ORCHID SOCIETY

Date _____

New Membership _____ or Renewal Membership _____

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

NAME: _____

ADDRESS: _____

CITY: _____ ST _____ ZIP _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

Fee Schedule:

\$20.00 for the first annual member in a household.

\$15.00 for additional annual members 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:

_____ \$20 – Single member

_____ \$15 – Additional member

_____ \$200 – Lifetime Membership

_____ \$10 – FWCOS Name Badge

Cash _____ Check# _____

You may send this form and payment to the address below or sign up at the membership table during a monthly meeting.

Mail to:

Denine Mackie FWCOS Membership

3816 West Estrella St. Tampa, FL 33629

*Membership in FWCOS runs from January 1st to December 31st of the calendar year. Membership fee is not prorated. For questions please email the society at info@fwcos.org