

Native Orchid Conference, Inc.
[a 501 (c) (3) Organization]
P. O. Box 2047
Boone, NC 28607-2047
(336) 996-2324
ncorchid@Yahoo.com or nativeorchids@gmail.com

2018 Membership Application Form

Name(s): _____ Date: _____
(First) (Last)

Mailing Address: _____
(Street)

(City) (State) (Country) (Zip/Postal Code)

Email: _____ Phone: (_____) _____
(Area Code) (Number)

Membership Type: (Note: Please make checks - drawn on a US bank and in US funds – payable to Native Orchid Conference, Inc. & mail the dues and completed form to the address in the letterhead.)

____ US Individual (\$30.00) ____ US Family (\$35.00) ____ Student (\$15.00)

____ International (non-US Individual / Family = \$40.00) _____ Case Grant Donation

Credit Card Payment Option: For your convenience we can now accept credit card payments; however, there is a charge associated with these transactions. To cover this expense we will add a \$5.00 processing fee per transaction. With your signature you agree to this fee unless you state otherwise.

Check Type of Credit Card: ____ MasterCard ____ VISA ____ Discover ____ AMEX

Credit Card Number: _____ Expiration Date: ____ / ____
Month Year

Signature of Cardholder: _____ Card Security Code _____

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Please share information on your native orchid background and areas of interest, or note things that you will be willing to help the organization with (such as future conference organization, Journal articles, etc.)

***** For Organizational Use Below *****

Date Received: _____ Amount Received: _____ Check / Card Auth Code: _____