

# Port St. Lucie Orchid Society



Please consider joining us!



## Membership Application for the Port St. Lucie Orchid Society

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Are you currently growing orchids? \_\_\_\_\_ For how long? \_\_\_\_\_ Approx. how many? \_\_\_\_\_

Where do you grow them? (porch,house) \_\_\_\_\_

Are you a member of the American Orchid Society? \_\_\_\_\_ For how long? \_\_\_\_\_

Annual dues are \$20 individual, \$25 family.

The membership year runs from January 1 through December 31.

Please make checks payable to Port St Lucie Orchid Society and mail to:

Port St Lucie Orchid Society  
P.O. Box 8421  
Port St Lucie, FL 34985