



**Southeastern Pennsylvania Orchid Society
Membership Application
2019-2020**

Name(s) _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell _____

Work _____

Email _____

(Required in order to receive the monthly SEPOS newsletter.)

I am willing to assist with: ___ hospitality ___ meeting set up
 ___ away shows ___ the SEPOS show

Membership options:

- \$35 single
- \$50 family (2+family members at same address)

Amount Enclosed \$ _____

Please make checks payable to SEPOS

Bring checks to a meeting or mail to:
Fran Sharon
411 Columbine Dr.
Kennett Square, PA, 19348

date paid _____
amount _____
check # _____
cash \$ _____