

Native Orchid Conference, Inc.

P.O. Box 1005 Oriental, NC 28571

www.nativeorchidconference.org

Membership Application

(Membership year is JAN thru DEC)

___ New member ___ Renewal _____ Calendar Year _____ Date of Application

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

Address: _____
(Street)

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

Email: _____ Phone: (_____)_____
(Email address will not be compromised) (Area) (Number)

Membership Type: Individual (\$30) Family (\$35) Student (\$15)
(CIRCLE ONE) (MULTIPLE MEMBERS (NON-VOTING)
SAME ADDRESS)

Payment Options:

PayPal (preferred) - Access PayPal on the NOC website at www.nativeorchidconference.org and follow instructions. You may elect payment by credit card or bank withdrawal via debit card. Send this form electronically to NOC Treasurer at: rebster61@yahoo.com

Check (old-fashioned) - Please mail check and this application to above address. Check must be drawn on a U.S. bank and in U.S. funds made payable to Native Orchid Conference, Inc.

Please share information about your native orchid interest and/or experience and indicate ways in which you would like to participate in the organization (e.g. organize symposiums, submit journal articles, participate in conservation projects, serve on a committee etc.)

***** Office use only *****

Date received: _____ Amount: _____ PayPal: _____ Check number: _____