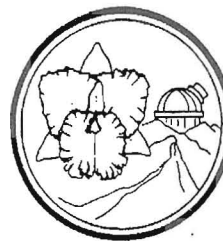


It's All About Orchids!

Membership Application/Renewal
Palomar Orchid Society

January 1 to December 31, 2009

2009



Last Name _____ First Name _____ M.I. _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

Email Address _____

Please provide if you would like to receive the monthly newsletter and other information via email.

Individual Membership \$20

Additional Name (Family Membership option) _____

Family Membership \$25

Additional Name (Family Membership option) _____

General Fund \$ _____

Speaker Fund \$ _____

Make Check payable to: **Palomar Orchid Society**

Name Badge \$ _____
(\$6.50 each)

Mail to: Renee Daly
c/o Palomar Orchid Society
5210 Frost Ave
Carlsbad CA 92010

Other (specify) \$ _____

Total Amount _____
Enclosed: \$ _____

or
Bring it to a meeting!

Office Use only

Amount Enclosed: \$ _____

CASH

Quail Garden

Home Show

Auction

Referral

Other _____

Date Received: _____

CHECK