



Palomar Orchid Society
 Non-Profit Organization 501(c)(3)
Membership Application

Last Name (Print) _____ First _____ Mid Initial _____ Spouse Name for Directory _____

Mailing Address/Post Office Box _____

City _____ State _____ Zip Code _____

Home Phone: _____ Issue in Directory, **circle** Yes No
 Cell Phone: _____ Issue in Directory, **circle** Yes No

E-Mail Address (print clearly): _____
 Your e-mail address is not shared with other societies.

Circle selection:
Email, address in Directory Yes No **Email Newsletter** Yes No

Need newsletter via US mail. (May be charged extra) Yes No

Date Joined _____ **Annual Dues January 1 – December 31.**
Dues pro-rated quarterly for new members

Individual Membership **\$20.00** \$ _____
 Jan-Mar \$20, Apr-Jun \$15, Jul-Sep \$10, Oct-Dec \$5

Family Membership (same household) **\$25.00** \$ _____
 Jan-Mar \$25, Apr-Jun \$18.75, Jul-Sep \$12.50, Oct-Dec \$6.50

Member Names _____

Donation: 501(c)(3) tax deductible \$ _____

Name Badge: circle selection \$10 pin back \$12 magnetic back \$ _____

Total Amount: \$ _____

Please make check payable to PALOMAR ORCHID SOCIETY
 Mail to: Sandi Sandquist, 6408 Crossbill Court, Carlsbad, CA 92011

How did you hear about us? (circle selection)
 Newspaper, Internet, Auction, Newsletter, Orchid Show(name) _____