



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 **\$30.00** \$ _____
Jan-Mar \$30, Apr-Jun \$22.50, Jul-Sep \$15.00, Oct-Dec \$7.50

Family Membership (same household) **\$35.00** \$ _____
Jan-Mar \$35, Apr-Jun \$26.25, Jul-Sep \$17.50, Oct-Dec \$8.75

Member Names _____

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

Name Badge: circle selection \$11 pin back \$13 magnetic back \$ _____

Total Amount: \$ _____

Please make check payable to PALOMAR ORCHID SOCIETY
Mail to: Palomar Orchid Society, P.O. Box 130774, Carlsbad, CA 92013

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