

2008  
MEMBERSHIP APPLICATION  
OR RENEWAL

Name: (Please Print) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

AOS Member?      Yes \_\_\_\_\_                      No \_\_\_\_\_

Years growing orchids \_\_\_\_\_

Special Interest Area \_\_\_\_\_

Dues:    \$15 per year for single membership  
          \$20 per year for family membership

Please complete this form and return with a check payable to Triad Orchid Society to the treasurer at the next meeting or mail to: Shirley Anglin, 122 Longwood Road, Advance NC 27006.

Please fill out your declaration for this year's show table awards. Please declare whether you are a small grower (less than 200 plants) or a large grower (over 200 plants) as of January 2007.

Name: (PLEASE PRINT) \_\_\_\_\_

Category for declaration:

\_\_\_\_\_ Small grower (1-199 plants as of January 1, 2007)

\_\_\_\_\_ Large grower (200 or more plants as of January 1, 2007)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_