

Platinum Coast Orchid Society

MEMBERSHIP APPLICATION 2025

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME/OFFICE:(____)____-____ CELLPHONE:(____)____-____ BIRTH MONTH: ____

E-MAIL:

Please circle: **NEW MEMBER** **RENEWAL**

ARE YOU A MEMBER OF THE AMERICAN ORCHID SOCIETY? **Yes** **No**

- ✓ **\$20** REGULAR MEMBERSHIP FEE (PER PERSON)
- ✓ **\$30** DUAL MEMBERSHIP FEE (LIVING IN SAME HOUSEHOLD)
- ✓ **\$5 JUNIOR** MEMBERSHIP FEE (UNDER 16 YEARS OLD)

**Please pay by cash or by check payable to the "Platinum Coast Orchid Society" or "PCOS".
CREDIT is available at meetings only.**

The membership fee is for **one calendar year**, Jan. 1 thru Dec 31.

New members who join **AFTER** Oct 1, 2024 will have their membership extended thru Dec 31, 2025.

AMOUNT PAID: _____ CASH: _____ CHECK NO. _____ CREDIT:

Give this completed form with funds for the MEMBERSHIP FEE stated above, or mail with a check, to Margaret Smith, Membership Chairman, addressed below:

Margaret Smith
340 Nice Ct.
Merritt Island, FL 32953

RECEIVED DATE: _____ BY: _____

Data Base Entry Date: _____