



2026 Membership and Renewal Application Form

Mahalo for your interest in becoming a member. Please complete this form and submit with payment of **\$25.00 for single membership or \$35.00 for two** with the same mailing address. Membership is free to applicants who are 80 years old or older.

Form and payment may be submitted by: (1) joining us at a monthly meeting held every 3rd Tuesday; (2) visiting our sponsored orchid shows; or (3) mailing to **Maui Orchid Society, PO Box 2061, Kahului, HI 96733**

New Member Membership Renewal 80 years old or older

Date: _____

Name: _____

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

NOTE: Annual membership fees are due January 1st of every year regardless of the start date of your membership.

Donations are welcomed: _____

Office Use:

Paid by: Cash or Check

Payment Amount: \$ _____

Clerk Initial: _____

Notes: _____

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Receipt of Payment:

Amount Received: \$ _____ Cash / Check Clerk: _____

Date: _____ Name: _____

Visit our website at: www.mauiorchidsociety.org