

Maui Orchid Society
Where flowers and fellowship blossom



Membership and Renewal Application Form

Mahalo for your interest in becoming a member. Please complete this form and submit with payment of **\$20.00 for single membership or \$30.00 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
P.O. 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 and view our monthly Newsletter.