



Where flowers and fellowship blossom

**2022 Membership and
Renewal Application Form**

Mahalo for your interest in becoming a member. Please complete this form and submit with payment of \$10.00 for single membership to December 31, 2022. 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 (Please Print): _____

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