



2024 Membership and Renewal Application Form

Mahalo for your interest in becoming or renewing your membership. 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, PO Box 2061, Kahului, HI 96733**

New Member Membership Renewal 80 years old or older

Date: _____

Name (please print): _____

Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____ Cell: _____

Email: _____

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

Donations are welcomed

Office Use:

Paid by: Cash or Check

Clerk Initial: _____ Payment Amount: \$ _____ Notes: _____

Receipt of Payment:

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

Date: _____ Name: _____

Visit our website at: www.mauiorchidsociety.org