

HILO ORCHID SOCIETY MEMBERSHIP APPLICATION

Please print this form, fill it out, and mail with your dues payment to:

Hilo Orchid Society
P.O. Box 4294
Hilo, HI 96720

Dues are \$20 for individual membership, \$25 for family membership.

Please print clearly:

Name: _____

Address: _____

Phone: _____

Email for receiving newsletter: _____

Check one:

Individual membership (\$20)

Family membership (\$25)

Check one:

I grant permission to publish this information in the Hilo Orchid Society Directory.

I do not grant permission to publish this information in the Hilo Orchid Society Directory.

Signature: _____

Optional:

Are you interested in volunteering to help with any of the following activities? Check as many as you like.

Monthly meetings

Annual Orchid Show

Orchid Isle Project (mounting orchids on trees in public spaces)

Orchids at the Zoo

Serving as an officer