



DELAWARE ORCHID SOCIETY



Member Application

The Delaware Orchid Society looks forward to you joining us. Please complete the application below.

First Name (s): _____ Last Name (s): _____

Address: _____

_____ State: _____ Zip Code: _____

E-Mail (s): _____

Phone number (s): _____

Dues: ☐ \$25 Individual **or** ☐ \$35 Family

All society communications will be sent by e-mail and social media (**Facebook** and **Instagram**).

Please note the following: Our membership roster may be distributed to our members by e-mail. If you prefer not to have your contact information distributed, please indicate your choice below. If the section is not completed, you allow us to distribute the above information to our members by e-mail.

Limit roster entry to: ☐ Name ☐ Address ☐ E-Mail ☐ Phone Number ☐ Do not share information

Please provide this form with your dues payment in person at meetings, or mail it to:

Mary Lou Gantzer
DOS Sec/Treasure
18 Gallant Fox Ct,
Bear, DE 19701

Please make checks payable to: **Delaware Orchid Society**

Any questions: please email Mary Lou at: mlgantzer@gmail.com or
Scott Cunningham (Membership Chair) at scottdanielcunningham@gmail.com

Cash may be used only if payment is in person. Checks or money orders are preferred if sent by mail.
If you want to use an alternative payment method (PayPal, Venmo, etc.), please contact Scott.