



# DELAWARE ORCHID SOCIETY

## Dues Application

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

First Name(s) \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Phone: (if applicable): \_\_\_\_\_

**Dues:** \_\_\_\_\_ \$25 Individual \_\_\_\_\_ \$35 Family

All society correspondence, notifications, as well as newsletters or other communications will be sent by e-mail. If you require a printed copy of the newsletter, please include an extra \$8.00 in your membership fee to cover our cost of printing and postage.

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 not completed, you allow us to distribute the above information to our members by e-mail.

Limit roster entry to: Name  Address:  E-Mail  Home Phone:   
Cell Phone(s)  Do not publish any information



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

Dave Emerson, DOS Treasurer  
108 S. Colts Neck Road  
Hockessin, DE 19707



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

Cash may be used only if payment is in person. Checks or money orders are preferred if being sent by mail.