

PORT ST. LUCIE ORCHID SOCIETY

Application for Membership

Name:_					
Address	<u> </u>				
City:			State:	Zip	:
Telephor	ne:				Is this Cell or Home? (circle)
Email:					
Birth Mo	nth:				
Member	Friend	Brochure	Online	Orchid Show	Other:ciety?
_		-		-	per of any other Orchid
				• •	\$25.00 for family membership-rship* you are selecting:
		Individ	ual	F	amily

*The membership year runs from January 1 through December 31, regardless of the month you initially join.

Please make checks payable to the Port St Lucie Orchid Society and bring this completed application to an upcoming meeting (3rd Monday of every month at 1:00pm held at the Pt. St Lucie Botanical Garden), or mail to:

Port St Lucie Orchid Society
PO Box 8421
Port St Lucie, FL 34985

PORT ST. LUCIE ORCHID SOCIETY

Membership Directory Authorization

A <u>PSLOS Membership Directory</u> gets updated regularly and sent to current and new members, via email. Please indicate below which items you would prefer to have included or omitted. If anything is left blank, it will be assumed it is ok to disseminate that information. **NOTE:** The Board is required to maintain a <u>separate roster</u> (not shared) with completed application data on all members.

Include in Directory?	√ YES	√ NO
Name		
Home Phone OR		
Cell Phone number*		
Email Address		
Birth Month		

*Checking YES under cell phone number will allow Board members and other PSLOS members to communicate with you via texting. Depending on your cell phone provider, you may incur charges.

Member Name:		
riombor itamo.	(Please Print)	
Member Signature:		
Today's Date:		