

Port St. Lucie Orchid Society



Membership Application for the Port St. Lucie Orchid Society

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____ Date: _____

Email: _____

Are you currently growing orchids? _____ For how long? _____ Approx. how many? _____

Where do you grow them? (porch, house, yard) _____

Are you a member of the American Orchid Society? _____ For how long? _____

Annual dues are \$20 individual, \$25 family.

The membership year runs from January 1 through December 31.

Please make checks payable to Port St Lucie Orchid Society and mail to:

Port St Lucie Orchid Society
P.O. Box 8421
Port St Lucie, FL 34985