



**Southeastern Pennsylvania Orchid Society**  
**Membership Application**  
**2020-2021**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_

Email \_\_\_\_\_

(Required in order to receive the monthly SEPOS newsletter.)

I am willing to assist with:      \_\_\_ hospitality      \_\_\_ meeting set up  
   \_\_\_ away shows      \_\_\_ the SEPOS show

.....  
**Membership options:**

- \$35 single
- \$50 family (2+family members at same address)

Amount Enclosed \$ \_\_\_\_\_

***Please make checks payable to SEPOS***

Bring checks to a meeting or mail to:  
*Fran Sharon*  
*411 Columbine Dr.*  
*Kennett Square, PA, 19348*

date paid \_\_\_\_\_  
amount \_\_\_\_\_  
check # \_\_\_\_\_  
cash \$ \_\_\_\_\_