



Grand Valley Orchid Society Membership Application

Annual Dues. Please check preference

\$25.00 for individual

\$40.00 for family membership

Name _____

Address _____

City/State/Zip _____

Phone _____

Email* _____

*Your monthly newsletter will be emailed unless otherwise indicated

Please make checks payable to Grand Valley Orchid Society and send check to:

Grand Valley Orchid Society
2139 Chesapeake NE
Grand Rapids, MI. 49505