

Orchid Growers Guild, Inc. (OGG) Membership Application

Please complete all sections and submit with your membership dues payment.

Name: _____

Address: _____ State: _____ Zip: _____

Phone: _____

Email: * _____

**To maintain low membership dues, email is used whenever possible.*

Your email address will only be available to Guild members.

Please indicate your type of membership:

- Individual.....\$25
- Student (full-time).....\$15
- Household (2 voting members)...\$30
- Business\$30

(New members pay ½ after June 30)

Experience Growing Orchids:

Year you started: _____

I am interested in the following: (mark all that apply)

- Learning to grow orchid from the beginning
- Repotting orchids
- Growing conditions for the home orchid grower
- Native orchids from Wisconsin
- Native orchids from Brazil, Peru, or other countries
- Species orchids
- Pollination of orchids
- Other (please list) _____

Please mail this form with your payment to:

Orchid Growers Guild, PO Box 5432, Madison, WI 53705

Or email it to OGGtreasurer@yahoo.com