

# Orchid Growers' Guild, Inc. Membership Application

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail\*: \_\_\_\_\_

*\*To maintain low membership dues, e-mail is used whenever possible.*

*Your e-mail address will only be available to Guild members.*

Is this a change of address:  Yes  No

## Please indicate your type of membership:

- Individual.....\$20\*\*
- Student (full time students)..... \$10\*\*
- Household (two voting memberships)... \$25\*\*
- Business..... \$25\*\*

\*\* a \$2 late fee will be assessed on renewals after January 1

*(New members pay 1/2 of above after June 30th)*

## Experience Growing Orchids:

Year you started \_\_\_\_\_

## I am interested in helping with the following:

- Plant sales and auctions
- Orchid Quest
- Program planning
- Assist with "away" plant show set-up and take-down
- Ribbon judging at monthly meetings
- Committee work: \_\_\_\_\_
- Serve on the Board of Directors
- Other: \_\_\_\_\_

## Skills, knowledge and expertise I would be willing to share with the Guild:

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## Please mail this form with your payment to:

ORCHID GROWERS' GUILD  
PO BOX 5432  
MADISON WI 53705

Revised November 2016