



SOUTHEASTERN PENNSYLVANIA ORCHID SOCIETY

2011 - 2012 Membership Form

Name(s): _____
Last Name

First Name(s)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ ext# _____ Fax Number: _____

E-mail address: _____ If already a member, year joined: _____

• I would like to receive my newsletter in color via the above email address.

• **Optional.** Your Birthday: _____ (month & day)

September 2011 to August 2012 Membership Dues

Category (check one): • **\$35 Single** • **\$50 Joint** (2+ members at the same address)

I am willing to assist the SEPOS with:

- Hospitality • Meeting Setup & Takedown • Membership (greeting)
- Exhibiting at Away Shows • The SEPOS Show

I would like to see a program on the following subject(s): _____

I would like to recommend this speaker: _____

Amount Enclosed: \$_____

Please make checks out to **SEPOS**.

You can bring your membership form to the meeting *or* mail to:

Fran Sharon, Membership Secretary
185 Cheek Road, Oxford, Pa. 19363

Date Paid: _____

Amount Paid: _____

Check #: _____

Cash:\$ _____

9/2009