



# SOUTHEASTERN PENNSYLVANIA ORCHID SOCIETY

## 2007-2008 Membership Form

Names(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 2007 to August 2008 Membership Dues

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

**Due date by September 12<sup>th</sup>, 2007**, to continue receiving the SEPOS newsletter.

**I am willing to assist the SEPOS with:**

- Hospitality  Meeting setup & takedown  Membership (greeting)  Exhibiting at shows  
 the SEPOS Show

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

I would like to recommend this speaker: \_\_\_\_\_

*Please feel free to write any other suggestions on the back*

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

Please remit by September 12<sup>th</sup>, 2007, your forms and checks made out to **SEPOS**.

You can either bring your form to the meeting or mail to:

**Jeannette Schneider, Membership Secretary,  
530 West First Avenue, Parkesburg, PA 19365**

Date Paid: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check #: \_\_\_\_\_

Cash