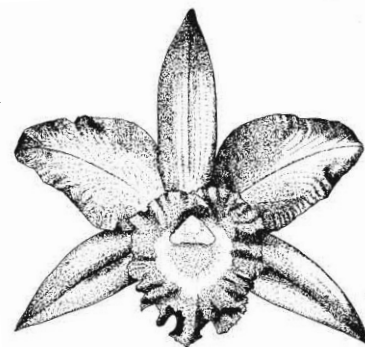


# SOUTHEASTERN PENNSYLVANIA ORCHID SOCIETY



## 2008-2009 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 2008 to August 2009 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 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 make checks out to **SEPOS**.

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

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

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

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

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

Cash: \$ \_\_\_\_\_