

2018 HONOLULU ORCHID SOCIETY MEMBERSHIP REGISTRATION

2017 CALENDAR YEAR MEMBERSHIP EXPIRE DECEMBER 31, 2017

visit HOS website: www.honoluluorchidsociety.org

PUT AN "X" BY THE MEMBERSHIP CATEGORY AND/OR DONATION (add FOREIGN MAIL, IF APPLICABLE)

- ☐ **Student Membership** - \$10.00 US Dollars (w/i United States & it's Territories only) **CHECK ONE:**
- ☐ **Regular Membership** - \$25.00 US Dollars () **NEW MEMBERSHIP**
- ☐ **Associate Membership** - \$5.00 US Dollars () **RENEWING MEMBERSHIP**
- ☐ **Foreign Regular Membership** - \$30.00 US Dollars (include \$5 postage for annual publication) () **DONATION**
- ☐ **Donation \$** _____ **US Dollar Amount** () **ADDRESS CHANGE** (if applicable)

Regular Membership Name (PLEASE PRINT) Associate Membership Name (PLEASE PRINT) Telephone Number (OFC USEONLY)

Address (street name, apartment number) (PLEASE PRINT)

Address (city, state, zip code and country) (PLEASE PRINT)

EMAIL ADDRESS (PLEASE PRINT CLEARLY) _____

() **NEW MEMBER - REFERRED BY CURRENT HOS MEMBER** (PROVIDE FULL NAME _____)

MAKE CHECK PAYABLE TO: **HONOLULU ORCHID SOCIETY** (PLEASE PRINT)

MAIL TO: **HONOLULU ORCHID SOCIETY, P O BOX 558, HONOLULU HI 96809-0558**

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DATE REC'D _____ BANK _____ CHECK NO. _____ DATED _____ // _____ CASH PAYMENT//TOTAL AMT \$ _____

COMMENTS _____

FOR OFFICE USE ONLY

Revised 11-02-2017

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