

# Central Ohio Orchid Society Membership Application

(Circle One: NEW or RENEWAL)

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I primarily grow my orchids: (Circle One)

- at windowsills
- in a greenhouse
- under lights

Special orchid interests: \_\_\_\_\_

Yearly dues enclosed (circle one): \$20 (individual) or \$25 (family)

Make checks payable to: Central Ohio Orchid Society

Please either :

1) print this application and bring with you to a meeting or

2) mail with your check to:

Cheryl Early  
70 East Kelso Road  
Columbus, OH 43202

Please direct membership questions to Cheryl at: [clearly17@gmail.com](mailto:clearly17@gmail.com)