

# 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:

Edna Markley  
906 North Stygler Road  
Gahanna, OH 43230

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