

# *Central Ohio Orchid Society*

Membership Application (Circle one: New or Renewal)

Name(s)\_\_\_\_\_

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

City/State/Zip\_\_\_\_\_

Telephone\_\_\_\_\_Email\_\_\_\_\_

Homepage URL\_\_\_\_\_

I grow my orchids (circle one):

at Windowsill      in a Greenhouse      Under Lights

I have approx.\_\_\_\_\_ orchids and have been growing orchids for

\_\_\_\_\_ years. Special orchid interests:\_\_\_\_\_

\_\_\_ I am a member of Franklin Park Conservatory

\_\_\_ I am a member of the American Orchid Society

Yearly dues enclosed (circle one): \$15 Individual    \$20 Family

Make checks payable to: Central Ohio Orchid Society

Print this application, complete it and mail with dues to:

John Geslak  
8498 West Ohio State Lane  
Lancaster, OH 43130

