



Membership Application and Renewal Form

Membership dues

(Membership period is Sept - August each year)

Annual Dues are \$20.00 single and \$25.00 family

Please complete this form and bring it to the next general meeting or mail it, along with your payment, to:

The Windsor Orchid Society,
c/o 1751 Chilver Road, Windsor, Ontario. N8W 2T8

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: ____-____-_____

E-Mail Address: _____

Are you a member of the COC? AOS? Orchid Digest?

How many years have you grown orchids? _____

I grow: Greenhouse _____ Under-lights _____ Windowsill _____

Favourite genus? _____

Membership needs:

If there is any topic you would like to see discussed at a future meeting and/or have a question you would like discussed, make a note of it here and bring it to an upcoming meeting:
