

2017 SANTA CRUZ ORCHID SOCIETY MEMBERSHIP Date: \_\_\_\_\_

Member Name(s): \_\_\_\_\_

New member \_\_\_\_\_ Renewal \_\_\_\_\_

Email Address(es) \_\_\_\_\_ → (For newsletter)

Email Address(es) \_\_\_\_\_ → (For newsletter)

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

Phone Number: \_\_\_\_\_

Individual SCOS Membership (\$20) : \_\_\_\_\_

Household SCOS Membership (\$25): \_\_\_\_\_

It is OK to share my email address with SCOS members.

Please turn this form in with your membership dues (checks payable to SCOS) at the meeting to Lillian Derrigan or mail this form with your dues included to **SCOS, PO Box 1405, Santa Cruz, CA 95061**

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