



Pinelands Orchid Society Membership Form



Names(s) _____
Last Name(s) First Name(s)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Please send my newsletter by USPS

Annual Dues: September to June

Category (check one) **Single \$20.00** **Family \$25.00** (2 + members at same mailing address)

We could not function without the volunteerism of our members. We ask that you volunteer to help out on **at least one** of our committees. It is the best way to advance your orchid-growing knowledge, have fun, and make new friends who share the love of orchids!

We welcome your help on any of our committees that you are interested in. Just ask!

Monthly Meeting: **Welcome Visitors/Interview New Members** **Assist with Raffle**

Hospitality/Refreshments: **Set Up (7:00-7:30)** **Clean Up**

Speakers/Programs: **Sell Supplies at Monthly Meetings:**

Show Table: **Set Up (7:00-7:30)** **Assist Judges** **Photography**

Library: **Longwood Gardens Show:** **Holiday Banquet Planning:**

Please make checks out to **Pinelands Orchid Society**.

You can bring them to the meeting or mail to:

Betsy Sullivan, Membership Secretary
122 W. Maple Ave., Moorestown, NJ 08057