



Nutmeg State Orchid Society

Membership Application

Mr. Mrs. Ms. Other _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

FAX _____ Work Phone _____

E-Mail Address _____

MEMBERSHIP OPTIONS:

General Membership: Single - \$20.00 per year Family - \$25.00 per year

Lifetime Membership:
 Single - \$200.00 Family - \$250.00

How did you find out about our Society? _____

Are you a current or former member of other Orchid Societies? _____ If yes, which? _____

How long have you grown orchids? _____ Approx. how many do you have? _____

Do you have special skills or interests that you would like to use/share with NSOS/Activities?

Enclose your check payable to NSOS & return to:

NSOS Membership
PO Box 131
Farmington, CT 06034-0131

NOTE: Annual dues are payable on January 1. New members joining in the last two months of the membership year will be considered as having paid dues for the following membership year.