



Tampa Orchid Club

Membership Application or Renewal (Please Print Carefully)

Date: _____

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: Home () _____ Cell () _____

E-mail: _____

If a Joint Membership: Phone: _____ E-Mail: _____

Volunteer Interests? Events Hospitality Committee Member

Please make checks payable to Tampa Orchid Club & Mail to our Treasurer:

<input type="checkbox"/> Individual \$30	<input type="checkbox"/> Joint \$45 Same Address
<input type="checkbox"/> New Member Prorated after Nov 1st	<input type="checkbox"/> Renewal
<input type="checkbox"/> Member of AOS?	<input type="checkbox"/> O-Digest?
<input type="checkbox"/> Cash	<input type="checkbox"/> Check

Dr. Vladimir Hucho
14814 Harry Colt Ct.
Tampa, FL 33626

Total Dues Paid: \$ _____
