



Membership Application  
**Please print legibly**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email (**required**): \_\_\_\_\_

Membership is based on a calendar year:

Newsletter (**delivered only via e-mail**) \$15.00 \_\_\_\_\_

Name tag (optional – pick up at meeting only). Pick one: \$5.00 \_\_\_\_\_ (Pin) *or*

\$5.00 \_\_\_\_\_ (Magnet)

Make checks payable to the **Michigan Orchid Society** and send application and payment to:

MOS  
C/O D. Dudas  
4737 Baldwin  
Metamora, MI 48455

The Michigan Orchid Society is organized under Internal Revenue Code Section 501(c)(3) for the purpose of educating the public on the conservation and cultivation of orchids. Contributions to the society are tax-deductible. We are an affiliated society of the American Orchid Society and Mid-America Orchid Congress.

Website: <https://www.miorchidsociety.com/>



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