

The Plantation Orchid Society

Membership Form New Member (date): _____ Renewal 2022-2023: Annual Membership is from 1 June to 31 May the next year. Individual membership is \$25, for an additional family member in the same household the fee is \$15. Return this form with check or cash to the Membership Chair at a meeting or mail to: Donna McWilliams, 5931 SW 8th Street, Plantation, FL 33317 Please print legibly Last Name: First Name: _____ Address:_____ City:______State:____Zip:_____ E-Mail address (to receive Newsletters): Contact Phone #______Birthday: Month ______Day___ May we publish your name, address, phone # and email in our society directory? Yes NO About You Please indicate your orchid skill level. Beginner__ Skilled Hobbyist__ Professional__ Which areas are you interested in obtaining more information? Orchid care Propagating Showing Managing your collection About the Society

Plantation Orchid Society relies on member participation to facilitate our meetings, events and society management. Please indicate the areas in which you would be willing to participate.

Meeting	Events	Administration
Raffle Table set up	Anniversary Party-June	Make phone calls
Silent Auction table	POS Auction	Send emails
Hospitality Table	Holiday Party – Dec.	Recruiting advertisers/sponsors
Greeter	Orchid Shows	Maintain POS Website
Show Table		Serve on Board of Directors
Take Photos for Newsletter		
Membership		
Other		