



Southeastern Pennsylvania Orchid Society Membership Application

For membership year _____ to _____

Name(s) _____

Address _____

City _____ State _____ Zip _____

Preferred phone # _____

Email _____

(required in order to receive the SEPOS newsletter)

I am willing to assist with: ___ hospitality ___ meeting set up
 ___ away shows ___ the SEPOS show

Membership options: (membership year runs from SEP 1 to AUG 31)

___ **New Member** ___ **Renewal**

___ \$35 Individual ___ \$50 Household

___ \$15 Supporting ___ \$15 Student

Amount Enclosed \$ _____ (*Please make checks payable to SEPOS*)

Bring application to a meeting or mail to:

Fran Sharon
411 Columbine Dr.
Kennett Square, PA, 19348

date paid _____

amount _____

check # _____

cash \$ _____