

# Tallahassee Orchid Society

[www.tallyorchid.org](http://www.tallyorchid.org)

<https://www.facebook.com/TallahasseeOrchidSociety>

## Membership Form

Annual membership dues are payable every January or at the time an application is submitted.

Mail completed form with your check to:

**(Make check payable to the Tallahassee Orchid Society)**

**Becky Lyons**

6672 Crooked Creek Road

Tallahassee, FL 32311-9324



Date: \_\_\_\_\_  New Member or  Renewal

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

### Membership Type

Single Membership \$20

Family/Couple Membership \$25

If Family/Couple membership enter family member name(s):

\_\_\_\_\_  
\_\_\_\_\_

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

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

Mobile Phone: \_\_\_\_\_

### Address

Street 1: \_\_\_\_\_

Street 2: \_\_\_\_\_

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

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

Check here if you'd like your address to be excluded when sharing the TOS membership list with other members.

Total Amount Enclosed: \_\_\_\_\_

Form Last Updated Aug 3, 2016

Please Direct Membership Questions To: [mornrill@comcast.net](mailto:mornrill@comcast.net)