

Orchid Society of Greater St. Louis

Application Form

Dues for one year (year ends December 31st) are \$20.00 per household
Membership includes a monthly newsletter. Meetings are the second Friday of each month except July and August
Fill out the form below as you would like the information to appear in the Annual Roster and **please print**

NAME: _____ SPOUSE: _____
(or family member)

ADDRESS: _____ DATE: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (_____) _____

WORK / BUSINESS PHONE: (_____) _____

E-MAIL ADDRESS: _____

Are you a member of the *American Orchid Society*? Yes _____ No _____
or the *Orchid Digest*? Yes _____ No _____

Are you a member of any other Orchid Society? Yes _____ No _____
Which Society _____

Do you grow Orchids now and if so where? Yes _____ No _____
under lights? yes _____ no _____
window sill? yes _____ no _____
greenhouse? yes _____ no _____
other? _____



How long have you been growing Orchids? _____

Make checks payable to OSOGSL (*Orchid Society of Greater St. Louis*)
You can bring this application to the next meeting or mail it with payment to:

Orchid Society of Greater St. Louis
c/o Vernon Schierhoff
746 North Drive
Villa Ridge, MO 63089

