Orchid Society of Greater St. Louis
Application Form

Annual Membership Dues are $25.00 per person
Membership includes a monthly newsletter. Meetings are the second Friday of each month except July and August
Fill out the form below and please print

NAME:________________________________________ SPOUSE:________________________________________
(or family member)

ADDRESS:__________________________________________

DATE:__________________________________________

CITY:__________________________________________ STATE:_______ ZIP:_______________

HOME PHONE: (______)__________________ CELL PHONE:(______)______________________

E-MAIL ADDRESS:________________________________________

PLEASE NOTE: Newsletters are sent out by e-mail
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 the Orchid Society of Greater St. Louis (OSOGSL)
Please mail application with payment to:

Orchid Society of Greater St. Louis
c/o Vernon Schierhoff
PO Box 357
Villa Ridge, MO 63089