

DUES: \$20.00 Single
 \$30.00 Family, living at same address

**BATON ROUGE ORCHID SOCIETY
2018 MEMBERSHIP INFORMATION FORM
(Membership through October 31, 2018)**

DATE: _____

Primary Member's Name:

If Family membership, include names of all to be included:

Second Member Third Member

Address: _____
Street Address / P.O. Box / Apt. #

City: _____ State: _____ Zip: _____

Phone (Preferred): _____ (Alt1): _____ Alt2: _____
Primary member

Phone (Preferred): _____ (Alt1): _____ Alt2: _____
Second member

E-mail address: _____
Primary member

E-mail address: _____
Second member

Birthday: _____
Primary Member (Year Optional) Second Member (Year Optional)

Preference on newsletters - Check one:

- e-mail(PDF format in full color)
- Hand delivered to you at meeting
- U.S. Mail

Do you have membership in or subscription to any of the following? Check all that apply.

- American Orchid Society (AOS)
- Awards Quarterly
- Orchid Digest
- Other orchid societies - please specify _____

Make check payable to Baton Rouge Orchid Society (BROS)

Mail application to: 7925 Director Drive
Baton Rouge, La 70817

Or give application to Jim Morrison, Treasurer, at a
BROS meeting

Treasurer Completes This Section
 New Member / Renewal
Revision to Directory: Yes No
Date Received: _____
Payment Type: Cash / Check # _____ / Other
Amount Paid \$ _____
Received From: _____