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

DATE SUBMITTED:_____

BATON ROUGE ORCHID SOCIETY
2019 MEMBERSHIP INFORMATION FORM
(Membership through October 31, 2019)

Primary Member's Name: Year Joined if renewal _____

_____

Significant Other (Optional)_____(if Single Membership)

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): _____

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

E-mail address: _____
Primary member

E-mail address: _____
Second member

Birthday (Month/Day): _____ _____
Primary Member (Year Optional) Second Member (Year Optional)

Note on Newsletters…….Newsletters are available via email or on BROS website. batonrougeorchidsociety.com

Check all Society Groups that you would like to join…

a. Social Media Updates	b. Hospitality Committee
c. Monthly Meeting Setup/Cleanup	d. Foster Orchid Program
e. Orchid Shows	f. Program Committee
g. Publicity Committee	h. Membership Committee
i. Orchid Coach	j.

What are your goals in joining the Baton Rouge Orchid Society? Questions? Comments?

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Make check payable to Baton Rouge Orchid Society (BROS) (Or give application to Treasurer, at a BROS meeting)
Mail application to: 7925 Director Drive
Baton Rouge, La 70817