

*Tampa Bay Orchid Society, Inc.* **Membership Application** (Please Print)

Name:		<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Life		
Spouse:		<input type="checkbox"/> Member AOS <input type="checkbox"/> Orchid Digest <input type="checkbox"/> Phal. Alliance <input type="checkbox"/> AOS Judge		
Address:			Birth Month	Birthday
City:		State:	Zip:	
Email:				
Home Phone:		Cell Phone:		Work Phone:
Date:	Amount: \$	Cash <input type="checkbox"/> Check <input type="checkbox"/>	Expiration Date:	Processed By:
How did you hear about Us? <input type="checkbox"/> Newspaper: _____ <input type="checkbox"/> Radio: _____ <input type="checkbox"/> Magazine _____ <input type="checkbox"/> Web Site: _____ <input type="checkbox"/> TBOS Member: _____ <input type="checkbox"/> Other: _____				



Fill out this application and mail your check made out to TBOS to our Treasurer  
 Julio Hector/TBOS Treasurer, 15720 Timberwood Drive, Tampa, FL 33625  
*Or bring it with your dues to the next monthly meeting*  
[tampabayorchidsociety@verizon.net](mailto:tampabayorchidsociety@verizon.net)