

# ***MALIHINI ORCHID SOCIETY***

## MEMBERSHIP FORM

Complete and mail with check to **MOS** to:

Malihini Orchid Society  
Membership Chair  
Yuko Ohe  
1063 East Homestead Road  
Sunnyvale, CA 94087  
yuko.orchidlover@gmail.com

Name \_\_\_\_\_  
(Primary Member)

Name \_\_\_\_\_  
(Household Member)

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email\* \_\_\_\_\_

**\*Required if Newsletter to be received by e-mail**

### **Annual Dues (Membership per household)**

#### Select One

- \$25 Annual Due for Newsletter via U.S. Mail
- \$20 Annual Due for Newsletter via E-Mail

#### Select One

- New Member
- Returning Member
- Returning Member But Did Not Return For 1 Year Or More

