

MALIHINI ORCHID SOCIETY

MEMBERSHIP FORM

Complete and bring to orchid meeting (every second Friday of each month)

Malihini Orchid Society

Membership Chair

Gurmeet Kaur

Questions: malihini.society@gmail.com

Name _____

(Primary Member) you

Name _____

(Household Member) spouse and/or children

Address _____

City/State/Zip Code _____

Telephone _____

Email* _____

***Required (Newsletter to be received by Email only)**

Annual Dues (Membership per household)

\$20 Annual due for Newsletter via **Email ONLY**

\$10 Annual due for Newsletter AFTER June 30

Circle one

New Member **OR** Returning Member

HAVE ANY QUESTIONS?

Go to www.malihini.org for orchid meeting location & other info