

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

