

2018 SANTA CRUZ ORCHID SOCIETY MEMBERSHIP

Date: _____

Member Name(s): _____

New member _____ Renewal _____

Email Address(es) _____ → (For newsletter)

Email Address(es) _____ → (For newsletter)

Mailing Address: _____

Phone Number: _____

Individual SCOS Membership (\$20) : _____

Household SCOS Membership (\$25): _____

It is OK to share my email address with SCOS members.

Please turn this form in with your membership dues (checks payable to SCOS) at the meeting to Lillian Derrigan or mail this form with your dues included to **SCOS, PO Box 1405, Santa Cruz, CA 95061**