

Charlottesville Orchid Society

Membership Renewal/Application

In general, The Society meets the 2nd Sunday of each Month at 126 Reas Ford Rd, Earlysville, VA; however, there are some exceptions.

Please visit our website *CvilleOrchidSociety.com* for meeting location and times.

Dues: Annually due at the January meeting, or when you join.

\$30.00 for individual and Family

Member Name: _____ Birth Month: _____

Family Member: _____ Birth Month: _____

Family Member: _____ Birth Month: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone () _____

If you prefer to receive a printed copy of the newsletter, please check the box below and provide an address (if it is different from the one above):

☐ Please send me newsletters by mail

We need your written permission to use your email for contacting you with regards to meetings, events, and general society business. Please sign below and provide your email address where we can contact you.

As a member of the Charlottesville Orchid society I _____ consent to receive communication from members of the society on behalf of the Orchid Society via email to this address:

_____@_____. _____

Signature: _____ Date: _____

Please print this form and bring it (along with payment) to the next meeting, or mail it along with a check written to "CHAOS" for your Dues to our Treasurer:

Pamela S Van Brunt
549 Towers Rd
Mount Solon, VA 22843