



SUNRISE ORCHID SOCIETY

Membership Application

Name: _____

Address: _____

Phone: _____

Email: _____

How do you want to receive your newsletter?

Email Mail

How did you hear about the Orchid Society?

The Sunrise Orchid Society relies on its members to volunteer whenever possible. Are you available to volunteer?

Yes Not at this time

Please mail the completed Membership Application and your Annual Dues to the address below. Make all checks payable to the Sunrise Orchid Society.

Sunrise Orchid Society
c/o Debbi Sokol
9710 NW 10th Street
Plantation, FL 33322

Annual Dues:
\$20 - New Member
\$35 - New Couple Membership
\$15 - Renewal Member