## **Northwest Orchid Society Membership Form**

Membership Type			Year
	JOINT ( YOUTH (	(\$40) (\$15)	[ ] New member [ ] Returning
MEMBER NAME	:		
	NAME:		
	S <sup>-</sup>		
Phone (including	area code):		
E-mail address:			
If joint membership, wou	ıld you like a separate e-mail addr	ess for the second	member?
2 <sup>nd</sup> E-mail addres	s:		
What types of orchids do you grow?		What is your level of expertise with Orchids?	
Cattleya	Dendrobium	Beginner	
Cymbidium	Oncidium/Odontoglossum	Intermediate	
Phalaenopsis	Paphiopedilum	Advanced	
Masdevallia	Lycaste		
Brassia	Vanda		
Others			
•	sible by volunteers. Is there an ar	•	•
	Library		
Accounting Board of Directors	Scholarship Committee Other	Newsletter/Writing	
Fill out form and bring to a meeting, or mail to:		Choose method of payment:	
	Northwest Orchid Society P. O. Box 51021 Seattle, WA 98115-1021		is included with this form, payable to "NWOS"