

MEMBERSHIP APPLICATION  
**Orchid Society of the Ozarks**



[www.osoweb.org](http://www.osoweb.org)

*(Please print clearly)*

**Name:** \_\_\_\_\_

**Spouse / Partner:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_  Yes, e-mail my monthly OSO newsletter

**Your Birthday:** Month \_\_\_\_\_ Day \_\_\_\_\_ **Spouse / Partner Birthday:** Month \_\_\_\_\_ Day \_\_\_\_\_

**Please select:**

- Individual Membership:** (\$10.00)
- Joint Membership:** (two members of the same household) (\$15.00)

Membership fiscal year: January 1 thru December 31.  
New members joining after July 1 pay one half the yearly rate for that year.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Make checks payable to “OSO”**

Please print out, complete, and mail the membership form along with your remittance to:

OSO Memberships  
Orchid Society of the Ozarks  
3312 Cherokee Rd.  
Rogers, AR 72758

**OR**

Bring the completed form with your remittance to our next meeting!