APPLICATION FOR MEMBERSHIP
NEW, RENEWAL and UPDATE

Form Revised: Jan 2025

ADMIN USE ONLY
- ☐ PAYMENT RECEIVED
- ☐ DATABASE UPDATED
- ☐ MEMBER CARD ISSUED
- ☐ EMAIL LIST UPDATED
- ☐ NEW MEMBER INFO
- ☐ NAMETAG PRINTED

FIRST NAME_____

LAST NAME_____

2nd MEMBER NAME (FOR JOINT LEVEL)_____

EMAIL_____

ADDRESS_____

CITY, ST, ZIP_____

PREFERRED PHONE_____

- ☐ UPDATE
- ☐ NEW
- ☐ RENEWAL

- ☐ INDIVIDUAL $45.00
- ☐ JOINT $70.00

- ☐ PAYPAL
- ☐ CHECK
- ☐ CREDIT CARD

NOS Received by:

Naples Orchid Society, Inc. Membership Year is January through December.

Dues are renewable in January.

Please make checks payable to:
Naples Orchid Society, Inc.

Mailing address:
Naples Orchid Society, Inc.
P. O. Box 7998
Naples, FL 34101

Email:
NaplesOrchidSociety@gmail.com