

Coastal Carolina Orchid Society

Membership Renewal

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|--|-----------|-----------|
| Name: | | |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| Contact Telephone: | | |
| Email Address: | | |
| Date: | | |
| Type of Membership: | Mark One: | |
| Individual (\$30 Per Calendar Year) | | |
| Joint (\$45 Per Calendar Year) | | |
| Lifetime Individual (\$500) | | |
| Lifetime Joint or Business (\$750) | | |
| | | |
| <p>Please make checks payable to CCOS. This completed form must accompany your payment. Payment can be made at CCOS meetings or sent to:</p> <p>Debbie Wright; CCOS Membership Chair 1283 Segar Street Charleston, SC 29455 debwright120@gmail.com 843-614-9497</p> | | |