

COASTAL CAROLINA ORCHID SOCIETY

Application for membership

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Email Address (for newsletter) \_\_\_\_\_

Today's Date \_\_\_\_\_

Type of Membership desired

- ☐ Individual. (\$30 per calendar year)
- ☐ Joint (\$45 per calendar year)
- ☐ Lifetime single \$500
- ☐ Lifetime Joint or Business \$750

Amount Enclosed \_\_\_\_\_

Please Make checks payable to CCOS

You may bring this form and your dues to the next meeting, or mail them to:

Debbie Wright  
CCOS Membership Secretary  
1283 Segar Street  
Johns Island, SC 29455