

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 (\$40 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:

Pat Jones
CCOS Membership Secretary
71 Anson Street
Charleston, SC 29401