

COOS Membership Application

NEW

RENEWAL

(check appropriate box)

Please complete this form and bring to the next general meeting or mail it along with your cheque, payable to the Central Ontario Orchid Society to:

Central Ontario Orchid Society
41 Woodside Road
Guelph, Ontario N1G 2H1

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

E-mail: _____ Phone Number: _____

The COOS newsletter is only distributed by e-mail and will be sent to the above address.

How many years have you grown orchids? _____

Do you grow in a greenhouse Under lights Windowsill Other

Would you like to do a presentation at a meeting? _____

How did you hear about the COOS? (new members only) _____

Annual Dues (January to December) are

\$20 single \$20 family or \$5 student

Our society uses volunteers for meetings, displays, shows, etc. I would like to volunteer in the following areas: _____

Membership needs and wants: _____

If there is any topic you would like to see discussed at a future meeting and/or have a question you would like discussed, make a note of it here and bring it to an upcoming meeting. _____