

# 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. \_\_\_\_\_

We will not share your contact info with outside organizations or place it on the Internet unless approved by you.

Signature: \_\_\_\_\_