



# OSSC MEMBERSHIP APPLICATION

FOR MORE INFORMATION

[www.orchidssc.org](http://www.orchidssc.org)

## What type of Membership do you want?

- New
- Renewal
- Change of Address

## How did you hear about us?

- OSSC Website
- Word of mouth
- Newspaper article
- Other \_\_\_\_\_

## Please PRINT your contact information:

Name: \_\_\_\_\_

Spouse or Partner: \_\_\_\_\_

Street Address \_\_\_\_\_

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

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Your Birthday: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ Spouse /Partner Birthday: MONTH \_\_\_\_\_ DAY \_\_\_\_\_

Orchid Related Business: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Business City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: \_\_\_\_\_ Web Site: \_\_\_\_\_

Email: \_\_\_\_\_

Annual Dues (per Household).....\$ \_\_\_\_\_ (\$35 per year, half-year rate of \$17.5 applies from 7/1 through 10/31)

Badges (optional, \$8.00 per badge).....\$ \_\_\_\_\_

**TOTAL**.....\$ \_\_\_\_\_

**Please make checks payable to "OSSC"**

Send this form and payment to: OSSC Memberships, P. O. Box 6788, Burbank, CA 91510-6788