



OSSC MEMBERSHIP APPLICATION

FOR MORE INFORMATION

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