OF SOUTHERN CALIFORNIA

OSSC MEMBERSHIP APPLICATION

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www.orchidssc.org

EST 1940

Please PRINT your contact information: Name: Spouse or Partner: Street Address City State Zip	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			
Spouse or Partner: Street Address City State Zip Email:	Please PRINT your o	contact inform	ation:				
Street Address	Name:						
City State Zip Email:	Spouse or Partner:						
Email:	Street Address						
Home Phone:	City			_ State		_ Zip	
Your Birthday: MONTH DAY Spouse / Partner Birthday: MONTH DAY Orchid Related Business: Business Street Address: Zip Business City: Web Site: Business Phone: Web Site: Web Site: Email: Annual Dues (per Household)	Email:						
Orchid Related Business: Business Street Address: Business City: State Zip Web Site: Email: Annual Dues (per Household)	Home Phone:			_ Cell P	hone:		
Business Street Address: Business City: State Zip Business Phone: Web Site: Email: Annual Dues (per Household)	Your Birthday:	MONTH	DAY	_ Spous	se / Partner Bir	rthday: MONTH	DAY
Business City: State Zip Business Phone: Web Site: Email:	Orchid Related Busin	ness:					
Business Phone: Web Site: Email: (\$35 per year, half-year rate of \$17.5 applies from 7/1 through 1 Badges (optional, \$11.00 per badge)\$	Business Street Add	ress:					
Email: Annual Dues (per Household)\$ (\$35 per year, half-year rate of \$17.5 applies from 7/1 through 1 Badges (optional, \$11.00 per badge)\$	Business City:			_ State		_ Zip	
Annual Dues (per Household)\$ (\$35 per year, half-year rate of \$17.5 applies from 7/1 through 1 Badges (optional, \$11.00 per badge)\$	Business Phone:			_ Web S	Site:		
Badges (optional, \$11.00 per badge)\$	Email:						
	Annual Dues (per Ho	usehold)	\$	(\$35	per year, half-year ra	ate of \$17.5 applies from	7/1 through 10/31)
TOTAL	Badges (optional, \$1	1.00 per badge	e)\$				
	TOTAL		\$		Please make o	checks payable to	"OSSC"

Send this form and payment to: OSSC Memberships, P. O. Box 6788, Burbank, CA 91510-6788 Or contact treasurer@orchidssc.org to pay with credit card or Zelle.