



Membership Application

<https://www.sarasotaorchidsociety.org>

<https://www.facebook.com/SarasotaOrchidSociety/>

Date _____

New Member
Renewing Member

INDIVIDUAL MEMBERSHIP \$25.00 FAMILY MEMBERSHIP \$30.00

Please turn in or mail your check or Gift Certificate to the address below. Make Check payable to the **Sarasota Orchid Society, Inc.**, with this completed application.

Sarasota Orchid Society, Inc.

Attn: Treasurer

PO Box 19895

Sarasota, FL 34276-2895

Resident: Full-time _____

If part-time, which months are you here?

Name/s _____

Address _____

City _____ State _____ Zip _____

Phone _____ Mobile Phone # _____

E-mail _____

Monthly Newsletter Emailed

We depend of the help of our volunteers to be successful. Please let us know about your skills and where you would like to get involved with our organization. How can you help?

Monthly Meetings: ___ Setting up Meetings arriving @ 5:45PM ___ Cleanup Staying After ___ Greeting at Membership Table ___ Plant Raffle ___ Refreshments ___ Photography

Annual Committees: ___ Publicity & Advertising ___ Public Speaking (PR) ___ Membership ___ Secretarial/Minutes taken ___ Editing & Proofreading ___ Webmaster ___ Accounting ___ Warehouse /Storage / Inventory Transportation & Logistics ___ Other: _____

Do you have Computer Skills? ___ Excel ___ Word ___ PowerPoint ___ Access ___ Internet ___ Social Media ___ Photoshop/Elements ___ Video Editing ___ AVI Equipment

Do you have any additional skills that you feel the Society could benefit from? _____

Have you ever served on the Board of any other Orchid Society? ___ No ___ Yes _____ Where?
What was your role? _____

For Office use only: Check# _____ C \$ _____, Cash \$ _____, GC # _____ GC \$ _____
received on _____ by _____ On Database _____ Badge made _____