



MEMBERSHIP APPLICATION 2021-22 Date: _____

INDIVIDUAL MEMBERSHIP \$25.00

FAMILY MEMBERSHIP \$30.00

Renewing Member

New Member

New to Sarasota? ____ Where did you moved from? _____ Resident Full-time ____
Part time ____ If part-time, which months are you here ? _____

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

Paid: Check # _____ Cash _____ CC _____ GC # _____
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Name/s _____

Address _____

City _____ State _____ Zip _____

Phone _____ Mobile Phone # _____

E-mail _____

How long have you had orchids? ____ How many orchids do you have? 1-10 ____ 10-50 ____ 50-100 ____
100- 300 ____ 300- 500 ____ Over 500 ____ Over 1000 ____ Do you have a Shade or Greenhouse? ____

Please let us know about your skills and where you would like to get involved with our organization.

Monthly Meetings: Setting up Meetings (arriving @ 5:30 PM) _____ Cleanup After Meeting _____
Greeting at Membership Table _____ Plant Raffle _____ Refreshments _____ Teaching Workshops _____
Culture Lecturing _____ Annual Committees _____ Webmaster _____ Publicity & Advertising
(Marketing) _____ Public Speaking (PR) _____ Membership (Board) _____ Board Secretarial/
Minutes taken _____ Editing & Proofreading _____ Accounting _____ Warehouse/Storage _____
Inventory _____ Transportation Show _____ Display Show _____ Other: _____

Computer Skills: Excel ____ Word ____ PowerPoint ____ Access ____ Internet ____ Social Media ____
Facebook ____ Photography ____ Photo Editing ____ Video Producing ____ Video Editing ____
AVI Equipment _____ Other: _____

Have you ever served on the Board of other Orchid Society? Yes - No
If YES, what was your role (s)? _____

If at any SOS event, photos are taken, I give my permission to use as needed Yes - No

We depend of the help of our volunteers to be successful.