SARASOTA ORCHID SOCIETE	ERSHIP APPLICATION 2024-25
SARA	Date: <u>///</u>
	INDIVIDUAL MEMBERSHIP \$25.00
	FAMILY MEMBERSHIP \$30.00
LEARN · GROW · SHOW	Renewing Member 🗖 New Member 🗖

Payment may be made by cash, credit card, or check at the meeting. Make your check payable to the Sarasota Orchid Society, Inc. and mail with your completed application to the address below.

Check # Cash \$ CC	Sarasota Orchid Society, Inc. Attn: Treasurer PO Box 19895 Sarasota, FL 34276-2895	
Name(s) <u>PLEASE PRINT</u>		
Address		
City State	Zip	
Cell Phone Home Phone		
E-mail		
Facebook name (If other than your name)		
Welcome to the Sarasota Orchid Society, where orchid enthus Everything we do is designed to help our members improve the the way. In order to help us determine your needs, please properties. Full-time Resident?	ir orchid growing skills and have fun along ovide us with the following information:	
How long have you had orchids? yrs. Approximately how r Please let us know how we can be of assistance to you: (Circle) R Other:	Repotting workshop? Mentorship program?	
Profession (current or previous)		
Sarasota Orchid Society is most successful with the help of our members. So that we may see where your skills and efforts can be most useful, please provide us with the following information:		
Have you served on another Orchid Society Board? If ye		
Please let us know about your skills: (Circle all that apply) Excel Internet Social Media Facebook Photography Photo Editing Other skills	Word PowerPoint Access (Microsoft) Video Production/ Editing AVI Equipment	
Please let us know how you would like to get involved with our org	anization: (Circle all that apply)	
Meeting Set-up (5:30pm) Meeting Clean-up (9pm) Membership Ta Editing & Proofreading Accounting Website Publicity & Adv Teaching Workshops Culture Lecturing Mentorship Warehouse Show: Display Set-up / Display Break-down Other:	vertising Public Speaking Board Member e/Storage Inventory Show: Transportation	