MEMBERSHIP APPLICATION 20_



Date: <u>//</u>
INDIVIDUAL MEMBERSHIP \$25.00 🗖
FAMILY MEMBERSHIP \$30.00
Renewing Member New Member

Payment may be made by cash, credit card, or check at the meeting. Make your check payable to the

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)		
Everything we do is designed to help our members improve the the way. In order to help us determine your needs, please professional pro	ere?	
	<u> </u>	
Profession (current or previous)		
Please let us know about your skills: (Circle all that apply) Exce	Word PowerPoint Access (Microsoft)	
Internet Social Media Facebook Photography Photo Editing	Video Production/ Editing AVI Equipment	
Other skills		
Please let us know how you would like to get involved with our org		
Meeting Set-up (5:30pm) Meeting Clean-up (9pm) Membership Ta		
Editing & Proofreading Accounting Website Publicity & Ad Teaching Workshops Culture Lecturing Mentorship Warehouse Show: Display Set-up / Display Break-down Other:		