

Orchid Growers' Guild, Inc. Calendar Year 2008 Membership Application

Please complete all sections and submit with your membership dues payment.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail*: _____

**To maintain low membership dues, e-mail is used whenever possible.
Your e-mail address will only be available to Guild members.*

Is this a change of address: Yes No

Please indicate your type of membership:

- Individual.....\$18
- Student (full time students)..... \$9
- Household (two voting memberships)... \$24
- Business..... \$24

(New members pay 1/2 of above after June 30th)

Experience Growing Orchids:

Number of years _____

or

Year you started _____

I am interested in helping with the following:

- Plant sales and auctions
- Orchid Quest
- Program planning
- Assist with "away" plant show set-up and take-down
- Ribbon judging at monthly meetings
- Committee work: _____
- Serve on the Board of Directors
- Other: _____

Skills, knowledge and expertise I would be willing to share with the Guild:

Please mail this form with your payment to:

ORCHID GROWERS' GUILD
PO BOX 5432
MADISON WI, 53705