

# COOS Membership Application

NEW

RENEWAL

(check appropriate box)

Please complete this form and bring to the next general meeting or mail it along with your cheque, payable to the Central Ontario Orchid Society to:

Central Ontario Orchid Society  
41 Woodside Road  
Guelph, Ontario N1G 2H1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The COOS newsletter is only distributed by e-mail and will be sent to the above address.

How many years have you grown orchids? \_\_\_\_\_

Do you grow in a greenhouse  Under lights  Windowsill  Other

Would you like to do a presentation at a meeting? \_\_\_\_\_

How did you hear about the COOS? (new members only) \_\_\_\_\_

Annual Dues (January to December) are

\$20 single  \$20 family  or \$5 student

Our society uses volunteers for meetings, displays, shows, etc. I would like to volunteer in the following areas: \_\_\_\_\_

Membership needs and wants: \_\_\_\_\_

If there is any topic you would like to see discussed at a future meeting and/or have a question you would like discussed, make a note of it here and bring it to an upcoming meeting. \_\_\_\_\_

We will not share your contact info with outside organizations or place it on the Internet unless approved by you.

Signature: \_\_\_\_\_