Central Ohio Orchid Society

2007

☐ **Renewal** **Membership Application** ☐ **New Member**

Name(s) _____

Address _____

City, State & Zip _____

Telephone _____

Email Address _____

Homepage URL _____

I grow my orchids:

- ☐ **On windowsill.**
- ☐ **Under lights.**
- ☐ **In a greenhouse.**

I have approximately_____**orchid plants.**

Special interest _____

- ☐ **I am a member of the American Orchid Society**
- ☐ **I am a member of the Franklin Park Conservatory**

Dues: Per calendar year ☐ **$ 15.00 Individual** ☐ **$ 20.00 Per household.**

Make check payable to: **Central Ohio Orchid Society**

Mail with completed application to: **Jonathan Young**

1752 Marsdale Ave.

Columbus, Ohio 43223