



Deep South Orchid Society, Inc
Savannah, GA

www.deepsouthorchid.org

MEMBERSHIP FORM

Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Email: _____

Membership Type: Individual _____ Family (2 or more) _____

PLEASE HELP US TO GET TO KNOW YOU BETTER

How long have you been interested in orchids? _____

Experience level: Beginner _____ Intermediate _____ Advanced _____

Are you an American Orchid Society (AOS) member? _____

Do you have any specific orchid areas of interest? _____

Do you prefer any particular orchid type? _____

Do you have other hobbies? _____

Are you interested on serving on the Board or on a Committee? _____

Are you interested in other types of plants (ie. African Violets etc.)? _____

The membership dues are \$25.00 a year for an individual membership and \$35.00 a year for a family membership. You can pay by cash, check or money order made out to DSOS. You can either bring your payment and this form to a meeting or mail them to : DSOS, PO Box 15602, Savannah, GA 31416-2302

Any questions or comments please email them to the following address: DSOS21@yahoo.com