

Vancouver Orchid Society

Box #56022, 1690 Nanaimo St.
Vancouver, BC, V5L 4V0

MEMBERSHIP APPLICATION / RENEWAL FORM

Annual (January to December) membership fee is: **\$ 50.00 corporate; \$30.00 per household** (one or two adults); **\$20 for Students**

NEW MEMBER MEMBERSHIP RENEWAL

(Primary Member) Last Name: _____ First Name: _____

(Co-member) Last Name: _____ First Name: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Telephone: () _____ E-mail Address: _____

Please email completed forms to: VOS_Secretary@outlook.com

Payment Method Cash Cheque (payable to: **The Vancouver Orchid Society**)
 Digitally (debit/credit card) **Mail cheques to: VOS Treasurer, 3441 W 1st Ave. Van, V6R 1G6)**

Permission to publish the following in Membership Directory?

E-mail Phone # Address: _____

The membership directory will be provided to current members for society business only as per the Personal Information Privacy Act.

Newsletter

Our monthly newsletters in full colour will be e-mailed monthly and are also available through our website at www.vancouverorchidsociety.ca. Newsletters will only be postal mailed upon request.

Volunteering

We are a volunteer organization. All members are encouraged and expected to volunteer at least once a year. Please indicate the areas which you will be able to assist:

<input type="checkbox"/> Plant Sales	<input type="checkbox"/> Show Planning	<i>How much time can you volunteer (approximate)?</i>	
<input type="checkbox"/> Raffle	<input type="checkbox"/> Show Setup		<input type="checkbox"/> 2 hours a year
<input type="checkbox"/> Membership	<input type="checkbox"/> Show Security		<input type="checkbox"/> 2 hours a month
<input type="checkbox"/> Library	<input type="checkbox"/> Show Admissions		<input type="checkbox"/> 2 hours a week
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Show Displays		<input type="checkbox"/> anytime, just ask me!

Please tell us a little bit about what kind of orchids you grow and how you grow them.

What types of orchids do you grow (or want to grow)?

<input type="checkbox"/> Cattleya Alliance	<input type="checkbox"/> Dendrobiums	<input type="checkbox"/> Cymbidiums
<input type="checkbox"/> Oncidium Alliance	<input type="checkbox"/> Paphiopedilums	<input type="checkbox"/> Miltoniopsis
<input type="checkbox"/> Phalaenopsis Alliance	<input type="checkbox"/> Phragmipedium	<input type="checkbox"/> Temperate (outdoor) orchids
<input type="checkbox"/> Vanda Alliance	<input type="checkbox"/> Cyripedium	<input type="checkbox"/> Others

Where do you grow them?

<input type="checkbox"/> Windowsill	<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Under Lights	<input type="checkbox"/> Indoor (climate control)	

How many orchids do you have? under 20 20-50 51-100 101-200 over 200

What kind of programs or speakers are you interested in seeing?

How did you hear about the VOS?:

Signature _____

Date _____