

Western North Carolina Orchid Society
New Member Application

Name: _____

_____ (*second name for Family membership only*)

Mailing Address: _____

City: _____ State: _____

Zip: _____

Phone: _____

E-mail: _____

E-mail: _____ (*second address for Family membership only*)

Membership dues are:

Individual: \$20.00

Family: \$25.00 (allows second E-mail address)

Student: \$10.00 (with valid ID)

for the calendar year. Please send a check or Money order to:

WNCOS, Inc.

P. O. Box 874

Asheville, NC 28802-0874

We prefer to deliver Society news and our monthly newsletter via E-mail. Please let us know if you must have it delivered by U.S. Postal mail.

Please tell us about your specific interests or topics you'd like to learn more about:

Please tell us how you found out about the WNC Orchid Society:

A special benefit for new members is a one-time 25% discount on purchases at Etowah Orchids. When we receive your completed form and payment, a coupon for that discount will be returned to you.

If you have any questions or need more information, please call Bob Benites at 828-231-0484 or send E-mail to: benites@unca.edu