



# OSSC MEMBERSHIP APPLICATION

FOR MORE INFORMATION

[www.orchidssc.org](http://www.orchidssc.org)

### What type of Membership do you want?

- New
- Renewal
- Change of Address

### How did you hear about us?

- OSSC Website
- Word of mouth
- Newspaper article
- Other \_\_\_\_\_

### Please PRINT your contact information:

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

Spouse or Partner: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Your Birthday: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ Spouse / Partner Birthday: MONTH \_\_\_\_\_ DAY \_\_\_\_\_

Orchid Related Business: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Business City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: \_\_\_\_\_ Web Site: \_\_\_\_\_

Email: \_\_\_\_\_

Annual Dues (per Household).....\$\_\_\_\_\_ (\$30 per year, half-year rate of \$15 applies from 7/1 through 10/31)

Badges (optional, \$6.00 per badge).....\$\_\_\_\_\_

**TOTAL**.....\$\_\_\_\_\_

**Please make checks payable to "OSSC"**

Send this form and payment to: OSSC Memberships, P.O. Box 931503, Los Angeles, CA 90093