

Membership Registration/ Renewal Form 2020 –2021

(October 1, 2020—September 30, 2021)

*Make Check Payable to: **CJOS***

Mail this Form and Check to:

**Luanne Arico
7 Webster Court
Plainsboro, NJ 08536**



Please complete the following fields:

Single Membership \$30 []

Family Membership \$35 []

* Last Name, First Name

*Last Name, First Name

*Street Address or PO Box City State ZIP Code

[] Home Phone: _____

[] Mobile Phone: _____

[] Other Phone: _____

Please check which of the above is the best way to reach you in case of an emergency.

*Email: _____

*** May we share your Name, Address, and Email address with other members? Yes [] No []**

How did you find out about CJOS? Friend [] Internet [] American Orchid Society [] Other []

How long have you been growing orchids? 0 - 1 year [] 2-5 years [] 6- 10 years [] 11+ years []

Where do you grow your Orchids? Check all that apply. Windowsill [] Under lights [] Greenhouse []

Are you a member of another Orchid Club? If so, which one(s)? _____

Are you a current member of the American Orchid Society? YES [] No []

Do you have skills or interests that you would like to share with our Society ? _____

Would you be willing to help with any of the following Society activities? Raffle sales [] Refreshments []

Meeting Show Table & Judging [] Setting Up Orchid Shows [] Holiday Party & Picnic Planning/Set up []