

# Orchid Society of Greater St. Louis

## Application Form

Dues for one year (year ends December 31st) are \$25.00 per household  
Membership includes a monthly newsletter. Meetings are the second Friday of each month except July and August  
Fill out the form below and **please print**

NAME: \_\_\_\_\_ SPOUSE: \_\_\_\_\_  
(or family member)

ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

WORK / BUSINESS PHONE: (\_\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Are you a member of the *American Orchid Society*? Yes \_\_\_\_\_ No \_\_\_\_\_  
or the *Orchid Digest*? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a member of any other Orchid Society? Yes \_\_\_\_\_ No \_\_\_\_\_  
Which Society \_\_\_\_\_

Do you grow Orchids now and if so where? Yes \_\_\_\_\_ No \_\_\_\_\_  
under lights? yes \_\_\_\_\_ no \_\_\_\_\_  
window sill? yes \_\_\_\_\_ no \_\_\_\_\_  
greenhouse? yes \_\_\_\_\_ no \_\_\_\_\_  
other? \_\_\_\_\_

How long have you been growing Orchids? \_\_\_\_\_



Make checks payable to the *Orchid Society of Greater St. Louis* (OSOGSL)  
Please mail application with payment to:

Orchid Society of Greater St. Louis  
c/o Vernon Schierhoff  
746 North Drive  
Villa Ridge, MO 63089