



EASTERN AIRLINES ORCHID CLUB

MEMBERSHIP APPLICATION

(Please Type or Print)

Badge Number _____ (To Be Completed by Membership Chair)

Badge Given On _____ (To Be Completed by Membership Chair)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE # _____ CELL PHONE # _____

E-MAIL ADDRESS: : _____

May we publish Phone Numbers in Membership directory? YES _____ NO _____

May we publish E-mail Address in Membership Directory? YES _____ NO _____

How long have you been interested in orchids? _____

Approximate number of plants you own? _____

Are you acquainted with a member of this club? YES _____ NO _____

If yes, who? _____

SIGNATURE _____

Dues Renewal Fees Paid Each January

Online Payment Per Member = \$25.00 (Single) or \$45.00 (Couple) + \$2,00 (Handling Fee)

Application Return E-mail Address: ealoclub@gmail.com