



EWA ORCHID SOCIETY OF HAWAII

PO BOX 60442

EWA BEACH, HI 96706

APPLICATION FOR MEMBERSHIP/RENEWAL

NAME _____ 2nd Member _____
(Please Print) (Please Print)

ADDRESS _____
(Please Print) #, St. Name/Apt # (Please Print) City, State, Zip

PHONE _____ MOBILE/CELL _____

EMAIL _____
(Please Print)

DUES: \$20.00 per person and \$30.00 per couple.

Please return this form with your payment to the address above and make checks payable to Ewa Orchid Society. We will see you at the next general meeting. Please visit our website at www.ewaorchidsociety.tripod.com or our Facebook page for more information. Mahalo

[] new and referred by an EOS member please provide us with his/her name:

(Please Print)

All personal information is strictly for EOS use only and will not be used for other purposes.

Date Rec'd _____ Check # _____ Dated _____ /Cash Rec'd _____

Notes _____

FOR OFFICE USE ONLY
