



Windward Orchid Society Membership



Please complete and
mail the form below to:
Windward Orchid Society, Inc.
P.O. Box 23
Kaneohe, Hawaii 96744

_____ **NEW MEMBER** _____ **RENEWAL**

Name(s): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Cell:** _____ **Work:** _____

eMail: _____

Please select your Membership:

- _____ **Regular Membership - \$25.00**
- _____ **Regular & Associate (Partner) Membership - \$35.00**
- _____ **Associate (Partner) Only Membership* - \$10.00**
- _____ **Lifetime Membership - \$300.00**
- _____ **Donation - \$ _____**



Amount Enclosed: \$ _____ **Check No.** _____

Please make check out to "WOS" or "Windward Orchid Society"

***Associate Membership must be attached to an existing Membership
(i.e. Lifetime, Honorary, or Regular Membership)**

Or bring this form along with your payment to one of our Monthly Membership Meetings on the 1st Wednesday of every month (except June & December) at King Intermediate School Cafeteria.

Orchids Photos from 2025 Orchid Show Courtesy of Raymond Vincent