

_____ **Renewal** **WOS APPLICATION** _____ **New Member**

**Mail to: Windward Orchid Society, Inc. P.O. Box 23, Kaneohe, HI 96744
Or bring it to the General Meeting.**

Name(s): _____

Address: _____

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

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

E-mail: _____ **Date:** _____

Amount Enclosed: _____ **Paid By:** _____ **Check No.** _____ **Cash:** _____ **Credit Card:** _____

_____ **Regular Membership (July 2017 to June 2018) \$25.00**

_____ **Regular & Assoc. (Partner) Membership (July 2017 to June 2018) \$35.00**

_____ **Associate (Partner only) Membership (July 2017 to June 2018) \$10.00**

_____ **Lifetime Membership \$300.00**