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## MOS MEMBERSHIP

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

NAME: \_\_\_\_\_

NEW \_\_\_\_\_ RENEW \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

PHONE :

(H) \_\_\_\_\_

(OTHER) \_\_\_\_\_

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

DUES ARE \$25 /YEAR FOR ONE OR MORE INDIVIDUALS LIVING AT THE SAME ADDRESS. MOS WELCOMES ANY ADDITIONAL DONATION YOU CHOOSE TO MAKE TO OUR NON-PROFIT ORGANIZATION. DONATIONS HELP TO ENSURE WE HAVE THE BUDGET FOR EXCELLENT SPEAKERS AND OPPORTUNITY TABLES. YOUR CONTRIBUTION MAY BE TAX DEDUCTIBLE; PLEASE CONSULT WITH YOUR TAX ADVISOR.

DUES:           **\$25/YEAR**

DONATION:    \$ \_\_\_\_\_

TOTAL:         \$ \_\_\_\_\_

PLEASE MAKE YOUR CHECK PAYABLE TO MARIN ORCHID SOCIETY. MAIL THIS FORM AND YOUR CHECK TO THE **MARIN ORCHID SOCIETY** AT THE ADDRESS BELOW, OR BRING THEM TO A MEETING.