

KONA ORCHID SOCIETY
P.O. Box 4566
KAILUA-KONA, HI 96745

Date _____

MEMBERSHIP APPLICATION

I / We _____ hereby apply for membership in the Kona Orchid Society (KOS). I / We agree to regularly attend meetings, to participate in KOS activities and functions, and to serve on such committees as I / We shall be appointed. Information on meetings and events can be found at www.konaorchidsociety.org.

I / We shall participate in the KOS Orchid Show as decided by the Board of Directors and membership. You are sincerely requested to provide one orchid plant for the show.

Membership fees are due and payable January 1 of each calendar year. Fees not paid by March 1 of each calendar year will result in cancellation of the KOS monthly newsletter and membership benefits until fees are current.

First year membership fee includes the cost of one Name Badge per person. All members must reside at the same address to receive the discounted rate.

I / We agree to pay annual membership fee(s) in accordance with the schedule below.

*First-time members: Individ. = \$23.00 2 Persons - \$33.00 Add'l member(s) - \$10.00

*Renewing members: Individ. = \$15.00 2 Persons - \$25.00 Add'l member(s) - \$5.00

Name(s): _____

Mailing address: _____

Telephone: _____ Cell _____ Fax _____

Email address: _____ Signature: _____

Business names if you are a Commercial Orchid Grower: _____

1st-time Renewing Individ. 2 Person # of Add'l Members _____

Amount paid: \$ _____ Cash Check # _____ Received by: _____

How do you wish to help? (You may volunteer for a particular month or quarter.)

Plant Sales Meeting Set-up Meeting Clean-up Refreshments

Committee: _____

Revised 6/4/2010 *Membership fees are subject to change by the Board of Directors.