

Catawba Valley Orchid Society

www.cvos.org

Membership Application

Dues are \$20.00 per year for single membership. For two individuals residing at the same address a joint membership is \$25.00 (Only one copy of any mailings included).

Name _____

Joint Member Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax _____

E-mail _____

Are you a member of the American Orchid Society? _____

Enclosed is \$_____ (Make checks payable to CVOS)

Mail to:

Catherine Mize
337 Eufola Rd.
Statesville, NC 28677
E-mail: dcatmize@earthlink.net