

Saginaw Valley Orchid Society Membership Form

Membership: Per Year (\$15.00) _____

Renewal _____ New Membership: _____ Date: _____

Name: _____

Address: _____ City: _____

State / Province: _____ Zip/Postal Code: _____

Telephone: _____ E-Mail: _____

Growing Conditions: Greenhouse _____ Window _____ Under lights _____

What kind of Orchids do you grow: _____

Mail this form with your check payable to:

SVOS c/o Roberta Bouleau
2450 David, Saginaw, MI 48603
Treasurers copy

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Newsletter Editor Copy

Mail to: Jim Lile
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Midland, Mi 48642