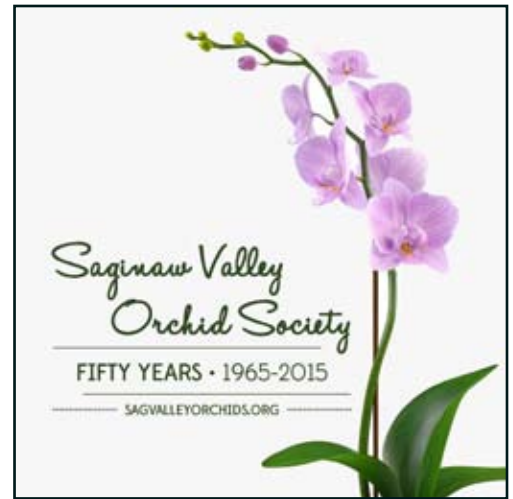


Saginaw Valley Orchid Society

Membership Form
New Member / Renewal

www.sagvalleyorchids.org



Dues Per Year \$20 _____ Date _____

Renewal _____ New Membership _____

Name _____

Address _____

City/State _____ Zip _____

Home Phone _____ Mobile Phone _____

E-Mail _____

Growing Conditions

Greenhouse _____ Window _____ Under lights _____

What kind of orchids do you grow? _____

**Make check payable to:
Saginaw Valley Orchid Society or SVOS**

Mail this form with your check to:

Edith Sommers
3664 N. River Road
Freeland, MI 48623