



Central Louisiana Orchid Society

Membership Information Form

Please check your status below:

- New Individual (\$20.00)
 Renewal Family (\$25.00)

Mail to: Jim Barnett, Treasurer
3783 South Loop
Pineville, LA 71360

Please Print

Name: _____

Birthday (mm/dd/yyyy): _____

Family Members (BD,phone,Email):

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Are you a member of the American Orchid Society? Yes No

Are you a member of Orchid Digest? Yes No

Any other Society/Organization? If so, please list below: Yes No

Where do you grow:

Greenhouse Windowsill Under Lights Sunroom Other

Name: _____

Date: _____

Please type your name in all CAPS here and insert date above