



2011-2012 Membership Registration/Renewal

(CJOS Membership runs from October 1, 2011 to September 30, 2012)

Single Membership: \$25 Family Membership: \$30

Please make check payable to **CJOS**

Mail Membership Form and Check to:

**Joan Rosenfeld
33 Duncan Lane
Skillman, NJ 08558**

Name(s): (as you would like to be listed) _____

Street: _____

Town/City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ Phone (Work) _____

Fax: (Home) _____ Fax: (Work) _____

Email: _____

How did you learn about CJOS? Please check and list. Friend Newspaper _____

Cable/TV _____ Website Other _____

How long have you grown orchids: 0 years 1-3 years 4-6 years 7-9 years 10+ years

Where do you grow orchids? Greenhouse Lights Windowsills

What orchids do you primarily grow? Bulbophyllums Brassovolas Cattleyas Cymbidiums

Dendrobiums Laelias Lycastes Maxillaria Miltonias Oncidiums Paphiopedilums

Phalaenopsis Phragmipediums Stanhopeas Vandas

Others: (please list) _____

(over)

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

Are you a member of any other Orchid Society? Yes No

If yes, please list names of other Orchid Societies: _____

Would you be interested in helping with the Society's activities? Monthly Plant Raffles

Public Relations Refreshments Orchid Judging Society Exhibit in Orchid Shows Bus Trips

Meeting Programs Society Newsletter Other (please list) _____

Do you have any special interests or talents you would like to share with the Society? _____

Is there a specific speaker or topic you would like to hear?

Speaker (s) : _____

Topic(s): Water Chemistry Nutrient Management Light Requirements Potting & Media

Pest Control General Propagation Flasking Species Warm Growers Intermediate Growers

Cool Growers

Others (please list) _____

Would you like to make an additional contribution to the Society? Amount enclosed: \$ _____