

**Membership Registration/ Renewal Form 2022 –2023**

( October 1, 2022—September 30, 2023)

Make Check Payable to: **CJOS**

Or

Pay with **PayPal** at:

<https://www.paypal.me/centraljerseyorchids>



Send form with Payment to:

**Michelle Thomas**  
**105 Mount Grove Rd.**  
**Califon, NJ 07930**

Please check one of the following boxes:

**Single Membership**

Bank Check for \$30 **enclosed** [ ]

PayPal Payment of \$31.59 submitted    /   /    [ ]  
mm/dd/yyyy

**Family Membership**

Bank Check for \$35 **enclosed** [ ]

PayPal Payment of \$36.77 submitted    /   /    [ ]  
mm/dd/yyyy

Please provide the following information:

\_\_\_\_\_

\* Last Name (Single member or first Family member) First Name

\_\_\_\_\_

\*Last Name (Second Family member) First Name (Second Family member)

\_\_\_\_\_

\*Street Address or PO Box City State ZIP Code

[ ] Home Phone: \_\_\_\_\_

[ ] Mobile Phone: \_\_\_\_\_

[ ] Other Phone: \_\_\_\_\_

Please check which of the above phone numbers is the best way to reach you in case of an emergency.

\*Email: \_\_\_\_\_

\* May we share your Name, Address, and Email address with other members? Yes [ ] No [ ]

How did you find out about CJOS? Friend [ ] Internet [ ] American Orchid Society [ ] Other [ ] \_\_\_\_\_

How long have you been growing orchids? 0 - 1 year [ ] 2-5 years [ ] 6- 10 years [ ] 11+ years [ ]

Where do you grow your Orchids? Check all that apply. Windowsill [ ] Under lights [ ] Greenhouse [ ]

Are you a member of another Orchid Club? If so, which one(s)? \_\_\_\_\_

Are you a current member of the American Orchid Society? YES [ ] No [ ]

Do you have skills or interests that you would like to share with our Society? \_\_\_\_\_

Would you be willing to help with any of the following Society activities? Raffle sales [ ] Refreshments [ ]

Meeting Show Table & Judging [ ] Setting Up Orchid Shows [ ] Holiday Party & Picnic Planning/Set up [ ]