

Membership Registration/ Renewal Form 2021 –2022

(October 1, 2021—September 30, 2022)

Make Check Payable to: **CJOS**

Or

Pay with **PayPal** at

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



Send form with Payment to:

Rachel Lemcke
139 Wertsville Road
Ringoes, NJ 08551

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 []