

## \* CJOS Membership Registration/Renewal Form 2024-2025 \*

(October 1, 2024 - September 30, 2025)

\*Make Checks Payable to: CJOS
Send form with Payment to:
Matthew Pagano
N/A

- Or -

\*Pay Online with PayPal at:

https://www.paypal.me/centraljerseyorchids

## \*Please Check one of the following boxes:

*Single Membership:	*Family Membership:	
Bank Check for \$30 enclosed	Bank Check for \$35 enclosed	
PayPal Payment of \$31.59 submitted on:/	PayPal Payment of \$31.59 submitted on:// mm / dd / yyyy	
*Please provide the following required (*) inform	ation:	
*Last Name (single or first family member)	*First Name	
Last Name (second family member)	First Name (second family member)	
*Street Address or P.O. Box	*City *State *	Zip Code
*Please check which of the above phone numbe	s is the best way to reach you in case of emergency.	
*Home Phone: <u>(</u> ) -	*Best way to contact?	
	Phone D Email D Mail	
Mobile Phone: <u>(</u> ) -	— Inone — Linaii — Iviaii	

How did you find out about CJOS? Friend
How long have you been growing Orchids? 0-1 Years 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 Society? If so, which one(s)?
Are you a current member of the (AOS) American Orchid Society? Yes No No Nould you be willing to help with any of the following Society activities? (*Check all that apply)  Raffle Sales/Refreshments Meeting Show Table and Judging Setting-up Orchid Shows  Holiday Party & Picnic Planning/Setup Future Board Member
Do you have skills or interest that you would like to share with our Society?
*Any other questions comments concerns for future following?
*Any other questions, comments, concerns for future follow-up?

\*Optional Questionnaire: