



“We’re all about Orchids”
HELPING YOU TO LEARN & GROW

Membership Form

Please Print

New
 Renewal

Name		
Address		
Telephone		Yes *
Work		Yes *
Cell		Yes *
E-Mail		Yes *
Birth (M/D)		

* If you do not want certain contact information printed in our annual Membership Directory, please cross out the Yes for the appropriate information, but please provide them to us so we can reach you on ROA business.

Share with us your orchid experience

How long have you been growing orchids? 1-2 years ___ 3-10 years ___ 11+ years ___

How many plants are in your collection? 10 or less ___ 10-25 ___ 25-50 ___ over 50 ___

Mostly: cattleyas paphiopedilums phragmipediums phalaenopsis dendrobiums

cymbidiums vandas oncidiums others _____

Growing: under lights window-sill greenhouse other places _____

Volunteerism – Please call me to help

How would you like to participate? (Check all that you would like to be involved in)

Welcome Desk Education Program assistance Showcase judging Plant sales

Hospitality table Community events Orchid shows Leadership Resource cart Bulletin

Additional

How did you hear about our organization? _____

I would like programs on: orchid culture workshops breeding other _____

Do you belong to the American Orchid Society? yes Any other orchid organizations? _____

I would like to receive the newsletter by: email mail

Signed _____ Date _____

(Renewals are based on the calendar year)

Memberships are tax deductible

\$25 for individual

Send to:

P.O. Box 8682

\$30 for joint (same address)

Richmond, VA 23226