

# Membership Application

# ROA

Richmond Orchid Alliance

Please Print

Name

Address

Telephone

Work

Cell

Email

Birthday (M/D)

	* Yes
	* Yes
	* Yes
	* Yes

\*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

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  US Postal Service

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Memberships are tax deductible  
for the year in which they are paid**

**\$30 for individual      Send to:  
\$35 for joint (same address)**

**P.O. Box 8682  
Richmond, VA 23226**

Bring this form and your payment to the meeting and give to the Treasurer, Forrest Tignor, or the President, Susan Horman or mail the form & payment to: Richmond Orchid Alliance, P.O. Box 8682, Richmond, VA 23226