



TRIANGLE ORCHID SOCIETY

2024 Membership Dues

January 2024 – December 2024

Member Name(s): _____

Address: _____

Telephone number: (_____) _____

Email: _____

RATES: _____ Individual (\$25)

_____ Couple (\$35)

Amount enclosed: \$ _____

Make checks payable to “**Triangle Orchid Society.**” Pay in person at a Triangle Orchid Society meeting, or by mailing this form and payment to the TOS Treasurer at:

Triangle Orchid Society
4314 Cobscook Drive
Durham NC 27707

Thank you for supporting TOS!