



# TRIANGLE ORCHID SOCIETY

## 2017 Membership Dues

January 2017 – December 2017

Member Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: (\_\_\_\_\_) \_\_\_\_\_

Email (to receive newsletter): \_\_\_\_\_

RATES: \_\_\_\_\_ Individual (\$22)

\_\_\_\_\_ Couple (\$30)

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  
113 Vicksburg Drive  
Cary NC 27513

***Thank you for supporting TOS!***