



# Venice Area Orchid Society

## Membership Form

The Venice Area Orchid Society

P.O. Box 443, Venice, FL 34284-0443

**Circle One**

**New Member**

**Renewal**

**\$20.00 Per Household**

Date \_\_\_\_\_

Primary Member Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Monthly Newsletter will be emailed. Print legibly.

\_\_\_\_\_ Cash

\_\_\_\_\_ Check

\_\_\_\_\_ Zelle – vaosmoney@gmail.com

Member contact information will appear in our annual membership directory.  
Please contact our membership chair at [memb@vaos.org](mailto:memb@vaos.org) to opt out.

*For Office Use Only:* \_\_\_\_\_ entered \_\_\_\_\_ accounting \_\_\_\_\_ welcome letter \_\_\_\_\_ badge