

Date paid: _____

SBOS Membership Application

Amount: \$ _____ Ch # _____

Your name and contact information will be published in our annual directory. All other information will be held in confidence by the Society Board of Directors. The information you provide will help us improve the organization, as well as the programs and speakers we bring you.

Please include this form with your annual membership dues of \$17 plus a one-time fee of \$8 for one name badge. A membership includes up to two in the same household. Annual membership runs from July 1 to June 30. Membership is \$10 if joining after January 1st.

Name(s) as you wish to appear in the Directory First _____ Last _____	
Address _____	Include in directory—If NO— for Board use only
_____	Home phone _____ <input type="checkbox"/> No
_____	Cell phone _____ <input type="checkbox"/> No
Email _____	<input type="checkbox"/> No

**The Society is working to reduce costs and being green.
Please consider receiving your newsletter by email.**

Email me the newsletter in color Snail mail me the newsletter in black-and-white

I have approximately _____ orchids I have been growing orchids for _____ (years or months)

Other horticultural organizations to which I belong: _____

I am an AOS Judge I am a CSA Judge I am a commercial orchid grower

On the scale of 1 to 10, how experienced do I rate myself as an orchid grower: _____

There are times when the Society needs information, expertise, or help in various areas. The following questions will assist the Board of Directors in managing our Society more effectively.

All information will be confidential to the Board only.

Your Expertise, Interests, Hobbies

- | | |
|---|---|
| <input type="checkbox"/> Accounting/Finance | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Marketing/Sales |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Athletic/Sports | <input type="checkbox"/> Public Speaking/Teaching |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Web/Graphic Design |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Writing |

On the scale of 1 to 10, how do I rate my computer skills: _____

Please bring your membership dues and this form to our next meeting or mail to:

SBOS, c/o Charlotte Morrison, 414 S. Juanita Ave., Redondo Beach, CA 90277