

Native Orchid Conference, Inc.

P.O. Box 1005 Oriental, NC 28571

www.nativeorchidconference.org

Membership Application

(Membership year is JAN thru DEC)

___ New member ___ Renewal _____ Calendar Year _____ Date of Application

Name(s): _____
(Last) (First)

Address: _____
(Street)

(City) (State) (Zip/Postal Code) (Country)

Email: _____ Phone: (_____)_____
(Email address will not be compromised) (Area) (Number)

Membership Type: Individual (\$30) Family (\$35) Student (\$15)
(CIRCLE ONE) (SAME ADDRESS) (NON-VOTING)

Please mail check and this application to Richard Barmore, Treasurer at:
Native Orchid Conference
P.O. Box 1005 Oriental, NC, 28571

Check must be drawn on a U.S. bank, in U.S. funds & payable to Native Orchid Conference, Inc.

Be sure to add the NOC email address isotria1@gmail.com to your address book so that official correspondence from us will not be spammed.

Please share information about your native orchid interest/experience & indicate ways you might like to participate (e.g. organize symposiums, submit journal articles, participate in conservation projects, serve on a committee)

How did you first learn of the NOC?

***** Office use only *****

Date received: _____ Amount: _____ PayPal: _____ Check number: _____