

*Malibu Orchid Society
Membership Form*



Name(s) _____
 Address _____
 Zip code _____
 Phone (____) _____
 Email _____
 Check to receive electronic newsletter

Membership Survey

1. How did you hear about the Malibu Orchid Society?

2. I would put myself in the following category as a grower:

_____ Beginner _____ Intermediate
 (1-2 years) (2-7 years)
 _____ Advanced _____ Old Hand
 (7+ years) (20+ years)

3. Top preferences for speaker topics (by rank, 1 being favorite, 12 as least favorite):

	Outdoor Growing Techniques
	Greenhouse/Indoor growing techniques
	Specific Orchid Varieties
	Orchids in Natural Habitats
	Hybridizing
	Pests and Diseases
	General Cultural Information
	History of Orchids
	Orchid Photography
	Flower Arranging with Orchids
	AOS Judging
	Show Display Techniques
	Others (Please list)

ANNUAL DUES

Individual (\$25) \$ _____
 Two individuals at same address (\$30) \$ _____

DONATIONS

Patron Member (Add \$75 or more) \$ _____
 Speaker Fund (any amount) \$ _____
 Other (Specify: _____) \$ _____

TOTAL ENCLOSED \$ _____

Checks payable to:
 Malibu Orchid Society

*The MOS is a non-profit 501(c)(3) corporation.
 All donations are tax-deductible.*

4. Check the following MOS activities that are important to you.

	Lectures
	Culture Seminars
	Plant Raffle Table
	Exhibitors' Table/Plant Judging
	MOS Orchid Show displays
	MOS Library
	Social Activities
	Picnic/Luau
	Holiday Party
	"Orchid Safari" weekend bus trip

The MOS welcomes your participation and appreciates your generous support!