TRIANGLE ORCHID SOCIETY

2027 Membership Dues

January 2027 – December 2027

Member Name(s): _____

Address: _____

_____

Telephone number: (_____) _____

Email: _____

RATES:

_____ Individual ($30)

_____ Couple ($40)

_____ Student ($15)

Amount enclosed: $_____

Date paid: _____

How Paid: _____

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
4314 Cobscook Drive
Durham NC 27707

Thank you for supporting TOS!