

MANHATTAN ORCHID SOCIETY MEMBERSHIP FORM, 2024-2025

CATEGORY OF MEMBERSHIP: Individual (\$30) Household (\$35) DATE ____/____/____
 new member **renewing member** **additional donation enclosed**

Name _____

Address _____ APT # _____

City _____ State _____ ZIP _____

Home Phone (_____) _____ Work Phone (_____) _____

E-mail _____ Send me the newsletter by email

AOS Member? Yes No Other orchid/plant societies: _____

(new members) How did you find out about MOS? _____

MOS committees you would be interested to serve on:

newsletter hospitality shows auction membership social media programs
 other _____ Do you have a driver's license? _____ a car? _____

FOR RENEWING MEMBERS ONLY:

- Are there orchid topics of interest to you that we have not yet programmed? _____
- What programs have you particularly enjoyed? _____
- What sort of workshops should we organize? Potting _____ Setups _____
Other workshops _____

PLEASE DESCRIBE YOUR PLANT-GROWING SETUP *(Optional if you are a renewing member):*

- **Number of orchids you have** _____ **Average # in flower monthly:** 1-3 4-8 9-14 >15
- **Temperatures:** Cool Intermediate Warm
- **Growing Area:** Window Greenhouse Terrace **Daylight Exposures:** N S E W
- **Grow under lights?** Shelf setup Orchidarium Avg. light hrs _____
Types and number of bulbs/LED units _____
- Comments on growing setup: _____

- Orchid(s) you grow: mostly species _____ or hybrids _____ or both _____
_____ Angraecoids _____ Catasetums _____ Cattleya Alliance _____ Cymbidiums
_____ Dendrobiums _____ Oncidium Alliance _____ Pleurothallids/Masdevallias _____ Paphiopedilums
_____ Phragmipediums _____ Minatures/botanicals _____ Miltonias/Miltoniopsis _____ Phalaenopsis
_____ Terrestrials _____ Vandaceous _____ Other _____

Other types of plants grown:

_____ African violets _____ Bonsai _____ Carnivorous Plants _____ Terrariums _____ Aroids
_____ Ferns _____ Bromeliads _____ Gesneriads _____ Pelargoniums _____ Outdoor Garden
_____ Begonias _____ Cacti/succulents _____ Herbs _____ Roses _____ Rock Garden

- How long have you been growing plants? _____ Orchids? _____
- First orchids flowered (not purchased in bud) _____

Please make your check payable to the Manhattan Orchid Society. Thank you for your support!

MAIL TO: Manhattan Orchid Society, Post Office Box 12, Cooper Station, New York, NY 10276

FOR MEMBERSHIP USE ONLY: Check Cash Credit Card PayPal — by mail by hand

PLEASE NOTE: The membership cycle runs September-August. If you join between January and June of a given year, your membership will be good until the **following** membership cycle. Afterwards you may renew your yearly dues between June and September.