



2017 Membership Application

NEW MEMBER RENEWING MEMBER

New memberships during the last quarter of 2016 will be valid through 2017.
New memberships during the last quarter of 2017 will be valid through 2018.

Membership Type: Individual \$25 Joint \$45 *Two adults residing at same address.* Under 18 = Free

Membership levels above Individual and Joint help sustain the organization.

Thank you in advance for your support.

Supporter \$50 Patron \$100 Benefactor \$250

Member Information: *(Your address will not appear in the Membership Roster, but please provide it here for GCOA's official records.)*

Name #1: _____

Name #2: _____

Phone: _____

Email: _____

Address: _____

Are you a Full-time resident, or Part-time resident: months here: _____

Which best describes your orchid experience? Beginner Mid-level knowledge Advanced knowledge

Years of orchid experience? _____ How many orchids do you own? _____

Are you a member of the American Orchid Society? No Yes

Are you a member of other plant-related organizations? No Yes (Please list):

How did you hear about GCOA? _____

Do you have a special skill that you can share? *(Are you a photographer? web-technician? accountant? carpenter? designer? other?)*

Occupation: *(Or former occupation if retired.)* _____

What type of GCOA volunteer work is best for you? *(Please check all that interest you.)*

- Committee During Monthly Membership Events Special Events Fund Raising Teaching
- New Member Mentorship Hospitality Plant Judging Publicity Call me when you need me
- Other: _____

I agree to abide by the bylaws of the Gulf Coast Orchid Alliance, Inc. and the Board approved Policies.

I give permission for photographs of myself and/or my plants to be used by GCOA for GCOA-related purposes.

Signature(s): _____

Date: _____

FOR INTERNAL USE	REV. 10-31-16
<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check # _____	

Questions? Please contact Marcie Gorski, Membership Chairman: (239) 642-8171.

Please make checks payable to Gulf Coast Orchid Alliance, Inc. and mail with completed application to: P. O. Box 110263, Naples, FL 34108.

The Gulf Coast Orchid Alliance, Inc. is a 501(c)(3) tax-exempt non-profit organization. Donations are tax-deductible to the extent permitted by law.