

Coastal Carolina Orchid Society

Membership Application

Name:		
Mailing Address:		
City:	State:	Zip Code:
Contact Telephone:		
Email Address:		
Date:		
Type of Membership:	Mark One:	
Individual (\$20 Per Calendar Year)		
Joint (\$30 Per Calendar Year)		
Lifetime Individual (\$500)		
Lifetime Joint or Business (\$750)		
<p>Please make checks payable to CCOS. This completed form must accompany your payment. Payment can be made at CCOS meetings or sent to:</p> <p>Judy Roberts; CCOS Membership Chair 918 Parrot Creek Way Charleston, SC 29412</p>		