



Membership Application/Annual Dues and Update 2012

Renewal New Membership

Name _____

Address _____

City/State/Zip code _____

Phone Number (____) _____

E-mail _____

Individual Membership	\$15.00 per calendar year
Family Membership	\$20.00 per calendar year
Life Membership	\$200.00

I grow my orchids: On the windowsill Under Lights In a greenhouse

I have approximately _____ orchids

I am a member of the American Orchid Society Yes No

I heard about the KOS from _____

Make Checks payable to the **Kansas Orchid Society** and send to:

Sarah Pratt
Box 65
Sedgwick, Kansas 67135