

2017 NEW MEXICO ORCHID GUILD MEMBERSHIP FORM

Name_____

Address_____

Telephone: Home_____Cell_____

Email_____

What orchids do you currently grow?

What would you like to acquire?

Meeting topics or speakers that would interest you?

Areas of volunteer interest: Newsletter_____Photography_____

Hospitality_____Show Committee_____Publicity_____

Dues are \$25 annually January through December. Make checks payable to NMOG and mail to Eddie Plunkett Treasurer PO Box 26473, Albuquerque, NM 87125-6473 or bring to monthly meeting.

Email addresses are used for communication and newsletter distribution only. We do not share email addresses.

I would like to make an additional donation of \$_____ to the New Mexico Orchid Guild. Total amount enclosed \$_____