

Central NY Orchid Society Membership Application

Yearly dues are \$20 a year for single memberships and \$22 for families

Type of membership

Single _____

Family _____

Name to appear on card(s) _____

Mailing Address _____

Phone _____

Email _____

Please specify if you would like your newsletter to be delivered via postal mail or email (email delivery saves us printing and mailing costs which allows us to put more of your membership towards speakers and other club functions)

Postal mail _____

Email _____

Additional donation: (if any) \$ _____

Total payment: \$ _____

Method of Payment: ___ **Check/Money Order** ___ **Cash**

(Checks should be made out to CNYOS and include a home phone number)

This application form and your membership fee can be submitted to a club officer at this function, brought to our next meeting or mailed to our

Club Treasurer Sue Finger at:

127 Wadsworth Rd. Syracuse, N.Y. 13212 Phone: 315-247-8980

Email: jandsfinger@aol.com

Website at <https://www.cnyos.org> , **Facebook** at <https://www.facebook.com/CNYOS>

Our meetings are held at the **St. Augustines's Catholic Church, 7333 O'Brien Rd., Baldwinsville, NY** (when quarantines allow church usage, presently on Zoom)

We usually hold Beginner's Sessions at 1:30 p.m.; Regular Meeting at 2 p.m. on the first Sunday of each month from September through June, exceptions are September and January meetings that are held the second Sunday of the month due to the major holidays at the beginning of those month