

JOIN

The American Orchid Society

PO Box 565477
Miami, Florida 33256-5477
P#: (305) 740-2010 F#: (305) 747-7154
Email: TheAOS@aos.org



American Orchid Society
Education. Conservation. Research.

Whether a beginner or an expert orchid grower, as a member of the AOS you're part of something bigger. You are part of a worldwide community of like-minded people—the orchid community who share a passion for orchids. The benefits include:

- Twelve new issues of award-winning *Orchids* magazine per year and access to our full digital archive of older *Orchids* issues
- Access to the special educational webinars, with two new releases monthly, online at www.aos.org
- Free and discounted admission to more than 200 botanical gardens and arboreta
- Receive exclusive discounts on our *Orchid Marketplace* with participating vendors.
- Receive discounts on back issues of *Orchids*, AOS publications, and AOS award payments.
- Obtain access to our AOS awarded orchid database, OrchidPro!

Become a member online at www.aos.org

Yes, I want to be a member. Please check the membership plan of your choice:

Membership Type	SILVER DIGITAL ONLY (US/Worldwide)	GOLD US DESTINATION (Digital & Print)	GOLD CANADA & MEXICO (Digital & Print)**	GOLD ALL OTHER COUNTRIES (Digital & Print)**
Individual, one year	\$54.00	\$84.00	\$109.00	\$136.00
Individual, two years	\$108.00	\$168.00	\$218.00	\$272.00
Joint, one year*	\$69.00	\$99.00	\$124.00	\$151.00
Joint, two years*	\$138.00	\$198.00	\$248.00	\$302.00

* Joint membership is for two individuals residing at the same address and includes only one subscription to the monthly magazine *Orchids*.

** Additional cost covers priority delivery of the print magazine

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Are you a member of a local orchid society? No Yes

If so, please provide the name of the society: _____

I enclose my check or money order made payable (US funds) through a US Bank to: **American Orchid Society**

I would like to make a donation to the AOS in the amount of \$ _____

Charge my credit card: MasterCard Visa American Express Discover

Card Number: _____ Expiration Date: _____

Signature (required on all charge orders): _____

If this is a **GIFT**, please indicate here and an acknowledgement will be sent on your behalf

Gift From: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Sentiment for Card: _____

Please send me information via email regarding specials, promotions and events

Check here to be removed from our mailing list (occasionally made available to orchid and horticultural companies)