

JOIN THE AMERICAN ORCHID SOCIETY

Whether a beginner or an expert orchid grower, you will benefit from membership in the AOS. You are invited to join our ranks of nearly 16,000 members worldwide who share a passion for growing orchids, as well as benefiting their conservation and research. New members will enjoy these member benefits:

- ◆ Subscription to *Orchids* — 12 issues
- ◆ 1 free copy of *Orchid Source Directory*
- ◆ Discounted admission to 200 botanical gardens and arboreta
- ◆ Members-Only section of Web site (www.aos.org)
- ◆ Monthly electronic newsletter with links to www.aos.org
- ◆ 10% discount on purchases made in the Orchid Emporium
- ◆ Free admission to and discounts on classes taught at the AOS Visitors Center and Botanical Garden

Become a Member On Line at www.aos.org

Yes — I would like to become a member of the American Orchid Society. Check the Membership Plan of your choice:

- US Destination**
- Individual, one year US\$65.00
 - Individual, two year US\$125.00
 - Joint, one year US\$80.00*
 - Joint, two year US\$155.00*
 - Student, one year US\$40.00**
 - Student, two year US\$75.00**

- Non-US Destination**
- Individual, one year US\$92.00
 - Individual, two year US\$179.00
 - Joint, one year US\$107.00*
 - Joint, two year US\$209.00*
 - Student, one year US\$67.00**
 - Student, two year US\$129.00**

*Joint membership is for two individuals residing at the same address and includes only one subscription to the monthly magazine *Orchids*. **Student members must be in high school or enrolled at an accredited college or university. Valid student ID is required at time of application. First Class and Air Mail rates available on request. Prices are subject to change without notice.

Name _____

Address _____

City _____ State _____

Zip/Postal Code _____ Country _____

Telephone _____ Fax _____

E-mail _____

I enclose my check or money order, made payable in 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 or American Express only**):

_____ / _____
Card Number

Signature: _____

(required on all charge orders)

If this is a gift, please indicate here and an acknowledgment will be sent on your behalf.
Gift from: _____

If you would like to be billed yearly for this gift, please indicate here. (Please be sure to provide us with your name and complete mailing address for this purpose.)

Please send me information via e-mail regarding specials, promotions and events.

Check here if you wish to have your name and address omitted from our mailing list, which is occasionally made available to orchid and horticultural companies.

_____ / _____
Exp. Date (mo./yr.)



American Orchid Society
Education. Conservation. Research.

American Orchid Society

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