



American Orchid Society  
Education. Conservation. Research.

# American Orchid Society

PO Box 565477

Miami, Florida 33256-5477

Phone: (305) 740-2010 Fax: (305) 747-7154

## Membership Renewal Form for Affiliated Societies

As an Affiliated Society with the AOS, you are part of something bigger; you are part of a worldwide community of like-minded societies with members who share a passion for orchids. Some benefits include:

- Twelve issues of award-winning *Orchids* magazine per year
- Access to members-only webinars on topics of cultural and special orchid interest
- Receive the annual *Orchid Source Directory* that lists orchid suppliers worldwide
- Receive discounts on back issues of *Orchids* and AOS publications
- Access to the AOS judging system and to AOS judges for AOS-sanctioned shows
- Access to the AOS Speakers' List and presentation topics for your meetings

For a complete list of benefits see our website: <http://www.aos.org/AOS/media/Content-Images/PDFs/Benefits-of-being-an-Affiliated-Societies-Member-v5.pdf>

**Yes**, we want to renew our society's affiliated with the AOS. Please check the membership plan of your choice:

### Affiliated Society Membership Type

One year (Print)  
Two years (Print)

### US DESTINATION

\$65.00  
 \$125.00

### CANADA & MEXICO\*

\$85.00  
 \$165.00

### ALL OTHER COUNTRIES\*

\$105.00  
 \$205.00

\* Additional cost covers priority delivery of the print magazine

**NOTE:** For **US Destination ONLY** First Class Mail is available for an additional \$30 per year

Society Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Enclose is a check or money order made payable (US funds) through a US Bank to: **American Orchid Society**

The society would like to make a donation to the AOS in the amount of \$\_\_\_\_\_

Charge my credit card:  MasterCard  Visa  American Express  Discover

Name on card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature (required on all charge orders): \_\_\_\_\_

Have you submitted an AOS Affiliated Society Information update in the past 6 months?  No  Yes

**If no**, you must fill out the following two pages and submit along with your membership renewal form. If you do not submit an updated form, we will continue using the information on file for mailing the magazine and for the online and printed *Orchid Source Directory*. You can also submit the AOS Affiliated Society Information update online at <http://affiliatedsocieties.americanorchidsociety.org/update/>

**If yes**, unless any information changed since the last update we received, we do not require the following two pages to be submitted.

**Note:** We suggest the AOS Representative or the President of the Society complete this form. If another individual besides the AOS Representative or Society President completes this form, it may take us longer to process the updates until we can verify the information with one of those two authorized society representatives listed in our records. Thank you for your understanding.



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## Update AOS Affiliated Society Information

Society Name \_\_\_\_\_

Society AOS Member No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

### Contact Information

AOS Rep Name \_\_\_\_\_

Rep AOS Member No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

AOS Rep Email \_\_\_\_\_

Society Email \_\_\_\_\_  
Must be unique – Not existing AOS Member Email

Public Society Contact Email \_\_\_\_\_  
AOS Rep Email or General Society Email **ONLY** – Will be publicly listed on AOS website & OSD

Phone 1 \_\_\_\_\_  
AOS Rep Phone Number(s) **ONLY**

Phone 2 \_\_\_\_\_  
AOS Rep Phone Number(s) **ONLY**

Website \_\_\_\_\_

### Meeting Information

Day of the week \_\_\_\_\_ Time \_\_\_\_\_

Frequency \_\_\_\_\_

### Meeting Location

Building/Location Name \_\_\_\_\_

Street Address 1 \_\_\_\_\_

Street Address 2 \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_



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## Update AOS Affiliated Society Information

### Mailing Address

(For ORCHIDS magazine, donation letters, show kits, etc.)

c/o \_\_\_\_\_  
Street Address 1 \_\_\_\_\_  
Street Address 2 \_\_\_\_\_  
City \_\_\_\_\_  
State/Province \_\_\_\_\_  
Postal Code \_\_\_\_\_ Country \_\_\_\_\_

### Additional Society AOS Corner Contacts

President Name \_\_\_\_\_  
President Phone \_\_\_\_\_  
President Email \_\_\_\_\_  
Newsletter Editor Name \_\_\_\_\_  
Newsletter Editor Email \_\_\_\_\_

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Submitted by \_\_\_\_\_ Title \_\_\_\_\_