



AMERICAN ORCHID SOCIETY

at Fairchild Tropical Garden
10901 Old Cutler Rd
Coral Gables, FL 33156

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

Application for AOS-Sanctioned Show/Event

Current AOS Membership for Society and AOS Rep are required for AOS Show Approval

Sponsoring Affiliated Society _____
Society AOS Member No. _____ Exp Date _____

Society's AOS Representative _____
Rep AOS Member No. _____ Exp Date _____
Email _____ Phone _____

Name of Show _____
Show Location/Venue _____
Address _____
City _____ State _____ Zip _____ Country _____
Show Dates _____ Date of AOS Judging _____
Show Times _____ Judging Time _____

Show/Event Chair _____
Email _____ Phone _____

Judging Center responsible for AOS Judging _____
AOS Show Judging Chair (for your show) _____

Names of at least four (4) other Certified Judges who have consented to serve, of which three (3) are accredited
Certified Judge Name _____ Certified Judge Name _____
Certified Judge Name _____ Certified Judge Name _____

Name of photographer who has consented to serve: _____
Email _____ Phone _____

Note: Cost of award photography is the responsibility of the host society, not the exhibitor

Applicant Name _____ Date _____
Judging Center Chair Approval _____ Date _____

Are you requesting an AOS Show Trophy? Yes No

Note: Please note that AOS Show Trophies will be delivered in person by Judging Center on the scheduled day of judging

AOS SHOW FEES

Due at least two (2) months prior to the show

Judging/Processing Fees (waived for outreach judging) \$60.00
AOS Show Trophy (If requested) \$70.00

- I have paid online under Order No _____
- I enclose my check or money order made payable (US Funds) through a US Bank to: American Orchid Society
- Charge my credit card: MasterCard Visa American Express Discover

Cardholder Name (Please Print) _____
Card Number _____ Exp Date _____ CVV Code _____
Cardholder Signature _____ Total \$ _____