

Native Orchid Conference, Inc.

[a 501 (c) (3) Organization]

P. O. Box 13204

Greensboro, NC 27415-3204

(336) 996-2324

ncorchid@Yahoo.com

2012 Membership Application Form

Name(s): _____ Date: _____
(First) (Last)

Mailing Address: _____
(Street)

(City) (State) (Country) (Zip/Postal Code)

Email: _____ Phone: (_____) _____
(Area Code) (Number)

Membership Type: (Note: Please make checks - drawn on a US bank and in US funds – payable to Native Orchid Conference, Inc. & mail the dues and completed form to the address in the letterhead.)

___ US Individual (\$30.00) ___ US Family (\$35.00) ___ Student (\$15.00)

___ International (non-US Individual or Family = 40.00) _____ Donation

Credit Card Payment Option: For your convenience we can now accept MasterCard or VISA payments; however, there is a charge associated with these transactions. To cover this expense we will add a \$5.00 processing fee per transaction. With your signature you agree to this fee unless you state otherwise.

Check Type of Credit Card: _____ MasterCard _____ VISA

Credit Card Number: _____ Expiration Date: _____ / _____
Month Year

Signature of Cardholder: _____

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Please share information on your native orchid background and areas of interest, or note things that you will be willing to help the organization with (such as future conference organization, Journal articles, etc.)

***** For Organizational Use Below *****

Date Received: _____ Amount Received: _____ Credit Card Auth Code: _____