

Member number

MEMBERSHIP FORM

In block letters, please



Year	2023 - 2024
1. Firstname, Name
2. Firstname, Name
Address
City Postal Code
Phone # (Home)	(.....) (Work) (.....)
E-mail

www.orchidophilesmontreal.com

- | | | |
|--|--|--|
| <input type="checkbox"/> Renewal | <input type="checkbox"/> New registration | <input type="checkbox"/> E-transfer (Interac) |
| <input type="checkbox"/> Individual fee 35\$ | <input type="checkbox"/> 2 members, 1 address 45\$ | <input type="checkbox"/> Check |
| | | <input type="checkbox"/> Cash |

Note : your membership and our activities run from September to the following August

Signature

Send an email and e-transfer to orchidophilesmontreal@gmail.com
 or join a check payable to La Société des Orchidophiles de Montréal
 *and send it with the form to 2173, rue de Bavière, Laval (Québec), H7M 4Y7 *