MANHATTAN ORCHID SOCIETY MEMBERSHIP FORM, 2018 - 2019

CATEGORY OF MEMBERSHIP : ❑ Individual ($20) ❑ Household ($25) DATE _____/_____/_____
❑ new member ❑ renewing member

Name _____

Address _____ APT #_____

City _____ State_____ ZIP_____

Home Phone (_____) _____ Work Phone (_____) _____

E-mail _____ ❑ Send me the newsletter by email

AOS Member? ❑ Yes ❑ No Other orchid/plant societies: _____

(new members) How did you find out about MOS?_____

MOS committees you would be interested to serve on:

❑ newsletter ❑ plant sales ❑ hospitality ❑ shows ❑ auction ❑ workshops ❑ supplies ❑ membership

❑ other_____ Do you have a driver's license? _____ a car? _____

PLEASE DESCRIBE YOUR PLANT-GROWING SETUP (please complete even if you are a renewing member):

- Number of orchids you have _____ **Average # in flower monthly**: 1-3 4-8 9-14 >15
- Temperatures : ❑ Cool ❑ Intermediate ❑ Warm
- Growing Area: ❑ Window ❑ Greenhouse ❑ Terrace Daylight Exposures : N S E W
- Grow under lights? ❑ Yes ❑ No Avg. light hrs_____ # of bulbs_____
  Types of bulbs _____
- Comments on growing setup: _____
- Orchid(s) you grow: mostly species_____ or hybrids_____ or both_____

_____Angraecoids	_____Odontoglossums	_____Pleurothallids/Masdevallias
_____Cattleyas	_____Oncidiums	_____Vandaceous
_____Cymbidiums	_____Equitant Oncidiums	_____Terrestrials
_____Dendrobiums	_____Paphiopedilums	_____Minatures/botanicals
_____Miltonias/Miltoniopsis	_____Phalaenopsis	_____Other_____

Other types of plants grown:

_____African violets	_____Bonsai	_____Ferns	_____Palms	_____Terrariums
_____Aroids	_____Bromeliads	_____Gesneriads	_____Pelargoniums	_____Outdoor Garden
_____Begonias	_____Cacti/succulents	_____Herbs	_____Roses	_____Rock Garden

- How long have you been growing plants?_____ Orchids?_____
- First orchids flowered (not purchased in bud) _____

FOR RENEWING MEMBERS ONLY:

- Are there orchid topics of interest to you that we have not yet programmed? _____
  _____
- What programs have you particularly enjoyed? _____
  _____
- What sort of workshops should we organize? Potting_____ Setups_____
  Other workshops _____

Please make your check payable to the Manhattan Orchid Society.
Your answers to these questions will help MOS plan the coming year. Thank you for your support!

MAIL TO: Manhattan Orchid Society Post Office Box 231581, New York, New York 10023-1581

FOR MEMBERSHIP USE ONLY: ❑ Check ❑ Cash ❑ Credit Card ❑ PayPal ❑ by mail ❑ by hand