

**Malibu Orchid Society Membership Renewal
(Membership runs from January 1 to December 31)**

Name _____

ANNUAL DUES:

Address _____

() Individual: \$35 _____

() Two individuals at same address: \$45 _____

Zip Code _____

DONATIONS:

Email _____

() Patron Members, please add \$100 or more

Phone () _____

TOTAL ENCLOSED: \$ _____

MOS is a non-profit 501 (c) (3) corporation; therefore, all donations are tax-deductible.

Make Checks Payable to: Malibu Orchid Society

P. O. Box 1244, Pacific Palisades, CA 90272

Visit www.malibuorchid.org for more information about the Society and upcoming speakers.