

# MANHATTAN ORCHID SOCIETY MEMBERSHIP FORM, 2024-2025

**CATEGORY OF MEMBERSHIP:**     Individual (\$30)                       Household (\$35)                      DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
    **new member**                                       **renewing member**                       **additional donation enclosed**

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     hospitality     shows     auction     membership     social media     programs  
 other \_\_\_\_\_ Do you have a driver's license? \_\_\_\_\_ a car? \_\_\_\_\_

### 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 DESCRIBE YOUR PLANT-GROWING SETUP *(Optional 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?**     Shelf setup                       Orchidarium                      Avg. light hrs \_\_\_\_\_

Types and number of bulbs/LED units \_\_\_\_\_

• Comments on growing setup: \_\_\_\_\_

• Orchid(s) you grow: mostly species \_\_\_\_\_ or hybrids \_\_\_\_\_ or both \_\_\_\_\_

_____ Angraecoids	_____ Catasetums	_____ Cattleya Alliance	_____ Cymbidiums
_____ Dendrobiums	_____ Oncidium Alliance	_____ Pleurothallids/Masdevallias	_____ Paphiopedilums
_____ Phragmipediums	_____ Minatures/botanicals	_____ Miltonias/Miltoniopsis	_____ Phalaenopsis
_____ Terrestrials	_____ Vandaceous	_____ Other _____	

### Other types of plants grown:

_____ African violets	_____ Bonsai	_____ Carnivorous Plants	_____ Terrariums	_____ Aroids
_____ Ferns	_____ 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) \_\_\_\_\_

**Please make your check payable to the Manhattan Orchid Society. Thank you for your support!**

**MAIL TO: Manhattan Orchid Society, Post Office Box 12, New York, NY 10276**

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

**PLEASE NOTE:** The membership cycle runs September-August. If you join between January and June of a given year, your membership will be good until the **following** membership cycle. Afterwards you may renew your yearly dues between June and September.