MANHATTAN ORCHID SOCIETY MEMBERSHIP FORM, 2022-2023

CATEGORY OF MEMBERSHIP: ❑ Individual ($30) ❑ Household ($35) 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 ❑ 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	_____Cattleyas	_____Cymbidiums	_____Dendrobiums
_____Oncidium Alliance	_____Pleurothallids/Masdevallias	_____Paphiopedilums	_____Phragmipediums
_____Minatures/botanicals	_____Miltonias/Miltoniopsis	_____Phalaenopsis	_____Terrestrials
_____Vandaceous	_____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)_____

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

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

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.