|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Member  number | **MEMBERSHIP FORM** | | | |
|  | **In block letters, please** | | | |
| J:\Orchidophiles\Logo_orchidophiles.jpg | **Year**  1. Firstname, Name  2. Firstname, Name  Address  City  Phone # (Home)  E-mail | **2023 - 2024**  ...........................................................................................  ...........................................................................................  ...........................................................................................  ........................................ Postal Code ............................  (......) ............................... (Work) (......) ............................  ...........................................................................................  ........................................................................................... | | |
| www.orchidophilesmontreal.com |  | |  |  |
| **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 🟑 | | | |