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| Membernumber  | **MEMBERSHIP FORM** |
|  | **In block letters, please** |
| J:\Orchidophiles\Logo_orchidophiles.jpg | **Year** 1. Firstname, Name2. Firstname, NameAddressCityPhone # (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 🟑 |