



# FAIRFIELD DISTRICT ORCHID SOCIETY INC.

## MEMBERSHIP APPLICATION FORM:

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Please Print)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

POSTCODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DAY & MONTH OF BIRTH: \_\_\_\_\_

RECEIPT #: \_\_\_\_\_  
(Office Use Only)

SPONSORS: 1) \_\_\_\_\_  
2) \_\_\_\_\_