

**RICHMOND ORCHID CLUB  
MEMBERSHIP APPLICATION / RENEWAL FORM**

Annual Membership fee \$ 20.00      per household from January to December

**NEW MEMBER**

**MEMBERSHIP RENEWAL**

(Primary Member) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

(Coe-member)      Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Payment Method     Cash                                       Cheque

Please make cheque payable to: Richmond Orchid Club

Please mail it to address: **Richmond Orchid Club  
7300 Anvil Crescent  
Richmond, B.C.  
V7C 4E8**

**All members are encouraged to help through out the year.**