



2020 Membership Application

New member Renewing member

New memberships during the last quarter of 2019 will be valid through 12/2020

Membership Type: Individual \$35 Joint \$55 *Two adults residing at same address.* Under 18 = Free
Membership levels above Individual and Joint help sustain the organization. Thank you for your support.

Supporter \$60 Patron \$110 Benefactor \$250

Member Information: *(Your address will not appear in the Membership Roster, but please provide it here for GCOA's official records.)*

Name #1: _____

Name #2: _____

Phone: _____

Email: _____

Address: _____

Are you a Full-time resident, or Part-time resident: months here: _____

Which best describes your orchid experience? Beginner Mid-level knowledge Advanced knowledge

Years of orchid experience? _____ How many orchids do you own? _____

Are you a member of the American Orchid Society? No Yes

Are you a member of other plant-related organizations? No Yes (Please list):

How did you hear about GCOA? _____

Do you have a special skill that you can share? *(Are you a photographer? web-technician? accountant? carpenter? designer? other?)*

Occupation: *(Or former occupation if retired :)* _____

What type of GCOA volunteer work is best for you? *(Please check all that interest you.)*

Committee During Monthly Membership Events Special Events Fund Raising Teaching

New Member Mentorship Hospitality Plant Judging Publicity Call me when you need me

Other: _____

I agree to abide by the bylaws of the Gulf Coast Orchid Alliance, Inc.

I give permission for photographs of myself and/or my plants to be used by GCOA for GCOA-related purposes.

Signature(s): _____ Date: _____

Questions? Please contact Rae Jean Walker, Membership Chairman: (815) 791-2140

Please make checks payable to Gulf Coast Orchid Alliance, Inc. and mail with completed application to: P. O. Box 110263, Naples, FL 34108.

The Gulf Coast Orchid Alliance, Inc. is a 501(c)(3) tax-exempt non-profit organization. Donations are tax deductible to the extent permitted by law.

FOR INTERNAL USE REV. 11/1/19

Cash Credit Card Check # _____