



# 2021 Membership Application

New member     Renewing member

*New memberships during the last Qtr of 2021 will be valid through 12/2022*

**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 Alicia Schwartz, Membership Chairman: (917) 510-6748*

**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. 1/8/21

Cash     Credit Card     Check # \_\_\_\_\_