

KAIMUKI ORCHID SOCIETY, Inc.
P. O. Box 10203, Honolulu, HI 96816
Membership Application

Member Name: _____ \$25.00
Occupation: _____
Associate Member Name: _____ \$15.00
Occupation: _____
Address: _____

Phone (H): _____ (C): _____
Email: _____
Paid by: Check _____ Cash _____ Date: _____

*Note: spouse, significant other, child of same household qualify as Associate Member

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