

KOS ANNUAL BANQUET & 2017 MEMBERSHIP RENEWAL

**KAIMUKI ORCHID SOCIETY ANNUAL BANQUET
SUNDAY JANUARY 8, 2017, 10:30 a.m. to 1:30 p.m.
SEAFOOD VILLAGE, HYATT REGENCY HOTEL, WAIKIKI**

1. Please complete the form below and submit with your payment.
 2. Make your check payable to KOS and bring it to the next meeting or mail to KOS, P.O. Box 10203, Honolulu, Hi 96816. Banquet: \$ _____
 3. Deadline for payment is **January 3, 2017**. Be sure to include the form below with your payment. Keep top portion for your records. Dues: \$ _____
- Total: \$ _____

I. BANQUET SIGN UP

Deadline for payment is **January 3, 2017**. Cost: \$20.00/member: \$25.00/guest

Member or Guest Name	Member:	Guest:
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____
	Total: \$ _____	\$ _____

II. KOS 2017 MEMBERSHIP RENEWAL

Annual Dues: - Regular Membership - \$20.00 Associate* - \$10.00

Member Name: _____	\$ _____
Associate Names : _____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

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

III. Please include any changes to your address, telephone no., or email

Member Name: _____ New Phone: _____

New Address: _____ New email: _____

Please submit this form with your payment