Kaimuki Orchid Society, Inc.
P.O. Box 10203
Honolulu, HI 96816

2023 Membership Application/Renewal

Annual Dues: $25.00 - Regular Membership
$15.00 - Associate (spouse, significant other, Child same household
$15.00 - Out of State (Part time resident of state)

		Member	Assoc.
Member Name			
Address			
Phone Number	Home: Cell:		
Email Address			
Occupation			
Associate Member Name			
Associate Member Name			
Associate Member Name			
Out of State Member			
	Sub Total		

Date Received:_____ Amount Due:_____
Check #_____or Cash_____