



# Manitoba Orchid Society

## Membership Application

Return this form with your payment to

Gary Jaworski  
20 Bluestem Cove  
Winnipeg, MB, R2J-4C7

Or bring it with you to the next meeting  
Make Cheques payable to Manitoba Orchid Society

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Newsletter: E-Mail  Mail  None

NOTE: If you do not wish your E-Mail address to be on the members list you will have to receive your Newsletter by regular mail also if you do not provide your address you will have to get your newsletter at the monthly meeting or from the website

Membership Fee: Single \$20.00  Family \$30.00

Note: Family membership only allows Primary Member voting privileges

Family Members: Note: All family members must be living at the same address

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Manitoba Orchid Society Inc. Privacy Statement:

Manitoba Orchid Society Inc. does not automatically gather any personal information about you, such as your name, phone number, e-mail or address. This information is obtained only if you supply it voluntarily, through contacting us via e-mail, telephone, or completing a membership application or Show registration forms. Any personal information you do provide is protected under the Federal Privacy Act. and is used only for the conduct of official MOS business and is not distributed to anyone other than an MOS member.

I consent to having my personal information as provided above to be published on the MOS Membership List and mailed to all MOS members.

Yes

No

Signed: \_\_\_\_\_

Paid \$ _____	Cash <input type="checkbox"/>	Date: _____ / _____ / _____	Initial: _____
	Cheque <input type="checkbox"/>		
Office use only			