



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 wish to have your newsletters mailed to you by Canada Post there is a \$10.00 charge for a 1 year subscription (10 issues).

Membership Fee: Single \$30.00 Family \$40.00

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			