



# 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: \_\_\_\_\_

New Member:  Renewal:  (Includes all previous MOS members)

Newsletter: E-Mail  None

Membership Fee: \$30.00 (\$10.00 for each additional family member over 14 years of age)

Family Members: (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 available **only to MOS members.**

Yes

No

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

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