



Deep South Orchid Society, Inc.

# Deep South Orchid Society, Inc.

Savannah, GA

[www.deepsouthorchid.org](http://www.deepsouthorchid.org)

## The Deep South Orchid Society of Savannah offers the orchid fancier...

- learning opportunities through monthly meetings, featuring speakers from all over the world,
- interaction with other orchid fanciers,
- affiliation with the American Orchid Society,
- practical applications to improve your success in growing and blooming orchids,
- a monthly newsletter to keep you informed about orchid-related news and events,
- access to a comprehensive orchid library,
- participation in our major Spring orchid show,

The Deep South Orchid Society meets the second Monday of the month at 7:00 p.m. in the Community Room one the first floor of Savannah Mall (next door to Liveoak Orchids). For more information or directions, you can check our website at [www.deepsouthorchid.org](http://www.deepsouthorchid.org) or you may call either of the following people:

Jim Keplinger      912-654-3834  
 Sandy Hardy      912-572-3355

**Yes, I would like to become a member of the Deep South Orchid Society**

*Please indicate the membership plan of your choice:*

- |             |        |                          |
|-------------|--------|--------------------------|
| Single      | \$ 20  | <input type="checkbox"/> |
| Family      | \$ 25  | <input type="checkbox"/> |
| Life Single | \$ 100 | <input type="checkbox"/> |
| Life Family | \$160  | <input type="checkbox"/> |

Name:  Mr.       Miss  
 Mrs.       Ms. \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): (    ) \_\_\_\_\_ (Work): (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

**Please tell us about yourself.**

PO Box 15602  
 Savannah, GA 31416-2302

**Type of growing you do & level of experience (check all that apply):**

- |                                       |                                       |                                     |
|---------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Windowsill   | <input type="checkbox"/> Beginner     | <input type="checkbox"/> Hobby      |
| <input type="checkbox"/> Under Lights | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Greenhouse   | <input type="checkbox"/> Advanced     | <input type="checkbox"/> Society    |

**Your areas of interest (check all that apply):**

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Culture     | <input type="checkbox"/> Judging                | <input type="checkbox"/> Scientific/Technical |
| <input type="checkbox"/> Hybridizing | <input type="checkbox"/> Conservation           | <input type="checkbox"/> Showing & Exhibiting |
| <input type="checkbox"/> Orchid Art  | <input type="checkbox"/> Other (Please specify) | _____   |

**Committee Interests (check all that apply):**

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> Library    | <input type="checkbox"/> Membership      | <input type="checkbox"/> Telephone          |
| <input type="checkbox"/> Picnic     | <input type="checkbox"/> Christmas Party | <input type="checkbox"/> Annual Spring Show |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Fall Fair Show  | <input type="checkbox"/> Hospitality        |

**Are you willing to help?**

**Show:**

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Exhibiting    | <input type="checkbox"/> Clerking       | <input type="checkbox"/> Setup       |
| <input type="checkbox"/> Judging       | <input type="checkbox"/> Show Committee | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Society Table |   |                                      |

- |   |
|---|
| <input type="checkbox"/> Newsletter                   |
| <input type="checkbox"/> Organization                 |
| <input type="checkbox"/> Other (please specify) _____ |

**Check all that apply:**

- |                              |                          |
|------------------------------|--------------------------|
| Do you have computer skills? | <input type="checkbox"/> |
| Graphics/Design?             | <input type="checkbox"/> |
| Database?                    | <input type="checkbox"/> |

**Mail the completed application and applicable dues to:**

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