



2016-2017 Membership Registration/Renewal

(CJOS Membership runs from October 1, 2016 to September 30, 2017)

**Single Membership: \$25      Family Membership: \$30**

Please make check payable to **CJOS**

**Mail Membership Form and Check to:**  
**Anne Skalka**  
**19 Farm Road**  
**Ewing, NJ 08638**

Name(s): (as you would like to be listed)

Street: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_  
Fax: (Home) \_\_\_\_\_ Fax: (Work) \_\_\_\_\_  
Email: \_\_\_\_\_

How did you learn about CJOS? Please check and list.     Friend     Newspaper \_\_\_\_\_  
 Cable/TV \_\_\_\_\_     Website     Other \_\_\_\_\_

How long have you grown orchids:     0 years     1-3 years     4-6 years     7-9 years     10+ years  
Where do you grow orchids?     Greenhouse     Lights     Windowsills  
What orchids do you primarily grow?     Bulbophyllums     Brassovolas     Cattleyas     Cymbidiums  
 Dendrobiums     Laelias     Lycastes     Maxillaria     Miltonias     Oncidiums     Paphiopedilums  
 Phalaenopsis     Phragmipediums     Stanhopeas     Vandas

Others:(please list) \_\_\_\_\_

Are you a member of the American Orchid Society (AOS)?     Yes     No

Are you a member of any other Orchid Society?     Yes     No

If yes, please list names of other Orchid Societies: \_\_\_\_\_

Would you be interested in helping with the Society's activities?

Monthly Plant Raffles  
 Public Relations     Refreshments     Orchid Judging     Society Exhibit in Orchid Shows     Bus Trips  
 Meeting Programs     Society Newsletter     Other (please list) \_\_\_\_\_

Do you have any special interests or talents you would like to share with the Society? \_\_\_\_\_

Is there a specific speaker or topic you would like to hear?

Speaker (s): \_\_\_\_\_

Topic(s):     Water Chemistry     Nutrient Management     Light Requirements     Potting & Media  
 Pest Control     General Propagation     Flasking     Species     Warm Growers     Intermediate Growers

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