

Central Vancouver Island Orchid Society

Membership Form



CVIOS mailing address: #505, 450 Stewart Avenue, Nanaimo, BC, V9S 5E9

Website: www.cvios.org **Membership Contact:** Ken at: kmcvay@shaw.ca

Household membership \$30.00 per year (Sept.-Aug.) CASH___CHEQUE___ E-TRANSFER___

Name(s) for membership cards(s)

Mailing Address: _____

City: _____

Postal Code: _____ Phone number: _____

Email address (This is needed for society correspondence)

How did you hear about CVIOS _____

How long have you been growing orchids? _____

Where I grow my orchids: (check all applicable)

_____ Window sill _____ Under lights _____ Green house _____ Orchidarium

I have (circle one) (1 - 10), (11 - 20), (21 - 35), (36 - 50), (51 - 100), (100+) orchid plants.

I hereby give permission to have the following included in the published membership list that will be distributed to members only. Please check the ones you are willing to make public to the membership.

[] Name [] Address

[] Phone number [] email address [] None

If called upon, would you willing to volunteer to help out at CVIOS functions, i.e. the annual orchid show, popup displays and information kiosks etc. Yes___ No___

10% discounts available at the following locations, Ken-Dor Garden Centre in Qualicum Beach, Buckerfield's in both Nanaimo and Parksville and Garden Works in Nanaimo, present your card to the clerk before he/she starts to tally your purchase.