



SLIPPER ORCHID ALLIANCE MEMBERSHIP/RENEWAL APPLICATION

PLEASE COMPLETE THE FOLLOWING INFORMATION AND PRINT CLEARLY.

Date _____ New Member _____ Renewal Member _____

Name of Individual Member or Household _____

Name of Second Person at Same Address _____

Supporting Member (Individual, Business or Group) _____

Address: Street _____

City _____ State/Province _____ Zip _____ Country _____

Home phone _____ Office/Other phone _____

E-mail address _____ Web address _____

SOA Membership Dues

Individual Member/Household

Note: Emailed journal MUST have email address included.

Emailed/Online Journal Only - One Year (\$20) ___ Two years (\$38) ___ Three years (\$55) ___

Printed/Mailed Journal - USA & Canada: One Year (\$30) ___ Two years (\$58) ___ Three years (\$80) ___

Printed/Mailed Journal – International: One Year (\$35) ___ Two years (\$65) ___ Three years (\$95) ___

Supporting Membership

Journal: Electronic ___ Mailed ___ Both ___

One Year (\$50) ___ Two years (\$95) ___ Three years (\$140) ___

Donation: _____

Membership payment method: PayPal ___ or Mailed Check ___

Online Payment Option: Go to www.slipperorchid.org and obtain our most current membership form. Please fill in all the requested information and e-mail this form to membership@slipperorchid.org or mail a hard copy to the SOA Membership address listed below. Go to the SOA payment center on our website and select the Membership level to pay. Please note that credit card payments are processed through PayPal and do not require a PayPal account.

Check Payment Option: If you prefer to mail a check, please mail your payment and this form to:

SOA Membership
159 Sands Place
Oceanside, CA 92054

Make Checks payable to Slipper Orchid Alliance

Please send all inquiries to: Questions – membership@slipperorchid.org