



NEWOS

Northeastern Wisconsin Orchid Society



Join the Northeastern Wisconsin Orchid Society today, and start receiving the benefits of being a member. Membership is open to anyone interested in orchids.

The Northeastern Wisconsin Orchid Society was formed in 1987. We seek to promote interest in the conservation of orchids, the world's largest flowering family.

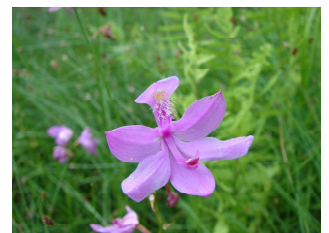
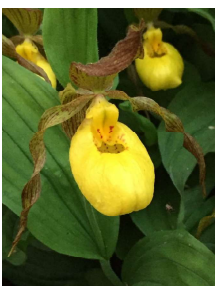
Full Access to the Annual Show: Set up orchid displays. Meet Orchid Society Judges. Enter your orchids in the NEWOS display for all to see and for judging, and win ribbons.

Monthly Newsletters: Includes calendar of events, NEWOS officer column, orchid photos, and educational topics.

Orchid Society Gatherings: Christmas Party, Summer Picnic with a plant auction, visit members' homes, field trips, educational talks and October orchid auction.

Monthly Meetings: Presentations, discussions, Show and Tell, raffles, refreshments, socializing. We meet every third Tuesday Sept-April at the Green Bay Botanical Gardens in Green Bay at 2600 Larsen Rd. In the summer months May-August we meet at members houses. It's a great opportunity to see how they grow. We do not meet in Dec and July and January is our Christmas party where we meet for lunch at local restaurants.

A Wealth of Knowledge: Easy access to experienced orchid growers as well as our own Orchid Society Judges. Learn how to take care of your orchids.



Northeastern Wisconsin Orchid Society

Friendships that last a lifetime

Membership Application:

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number(s): _____

Texting: Yes _____ No _____

E-mail address: _____

Are you an American Orchid Society member?

Yes _____ No _____

How do you grow:

___ Under Lights ___ Windowsill ___ Greenhouse

Please select membership choice:-

Date: _____ Amount pd: _____ Check # _____

New Member _____ Renewal _____

_____ \$20 Individual Membership

_____ \$35 2 Year Individual Membership

_____ \$25 Household Membership

_____ \$45 2 Year Household Membership

_____ free Full-time Student Membership:

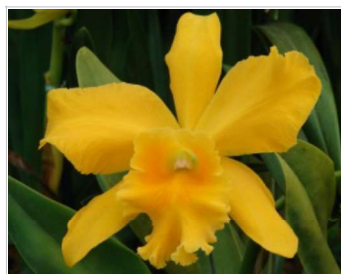
School: _____

Grade Level: _____

Graduation Year: _____

Student ID required/verified by: _____

NEWSLETTER WILL BE EMAILED.



Please remit completed Membership Application and payment to:
N.E.W.O.S. (Treasurer)
N5978 Lambie Road
DePere, WI 54115