

OSPF New Membership Application

Please *print*, *complete*, and *mail* this form to:

OSPF
PO Box 76040
Southgate Shopping Centre
Edmonton, AB
T6H 5Y7

*Enclose a cheque for \$20 made out to 'OSPF'

NAME: _____

ADDRESS : _____ UNIT #: _____

CITY: _____ PROVINCE : _____

POSTAL CODE : _____

PH. # _____ - _____ EMAIL _____

I would like to become a member to assist the OSPF in the following areas:

(please check)

_____ Orchid Resource Centre

_____ Library

_____ Greenhouse

_____ Other

I would like to make a donation in support of OSPF - \$ _____

We value your support and participation. Thank you for joining our team!

*** OSPF Annual Membership Fee: \$20 (CDN) per person.**