



OSPF Membership Form

OSPF membership is **\$20 CDN per person per year**. Please print, complete, and send this form with your cheque (made out to OSPF) to:

OSPF
4459 99 ST NW
Edmonton, AB T6E 5B6
Canada

NAME: _____

ADDRESS : _____ UNIT #: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE NUMBER: ____ - ____ - ____

EMAIL: _____

I am a:

_____ New Member _____ Renewing Member

I would like to assist the OSPF in the following areas:
(please check all that apply)

_____ 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!