

University of Belize Orchid Society

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Full Name & Facebook Name: _____

Address: _____

City: _____

District: _____

Phone: _____

Age: _____

Birthday: _____

E-mail: _____

Activities & Hobbies: _____

Other organizations of which I am a member: _____

I believe the above information to be true and complete, and I desire membership in this club. I believe I can make a contribution to the club and be worthy of the friendship of its members, I understand the entrance fee will be _____ and the annual dues will be _____.

Signature of Applicant

Date

**For
Official
Use ONLY**

Approved by:

Date

