



## AMERICAN ORCHID SOCIETY — APPLICATION FOR AFFILIATION

In accordance with the Bylaws of the American Orchid Society (AOS) and the provisions outlined herein,

---

(Name of Society/Horticultural Organization)

Hereby makes application for affiliation with the American Orchid Society and agrees to abide by the provisions for affiliation as outlined below.

**Affiliation Provisions:** An orchid society or horticultural organization that wishes to become affiliated with the American Orchid Society (AOS) must:

- Maintain, in the name of the society or organization, an annual subscription to *Orchids*, the official magazine of the AOS
- Appoint an AOS liaison representative (“AOS Rep”) who is a member of the AOS with a non-lapsed membership.
- Maintain a non-discriminatory membership practice as outlined in the AOS Bylaws under Section 2.1 which states that “*membership shall be open to all persons regardless of age, race, gender, sexual orientation, national origin, religious affiliation, local club affiliation or interest level.*”
- Make formal application to the AOS Board of Trustees through the Membership and Affiliated Societies Committee by completing this application and forwarding (mail, fax or email) to:

**American Orchid Society at  
Fairchild Tropical Botanic Garden**  
C/O: Membership and Affiliated Societies Committee  
P.O Box 565477  
Miami, Florida 33256-5477  
P#: (305) 740-2010 / F#: (305) 747-7154  
Email: affiliated\_societies@aos.org

A horticultural organization is defined, for purposes of this application process, as an organization, domestic or foreign, that has a concentration of its activities tied to horticulture or education or conservation, or any combination of these focal points.

Application for such approvals shall be made in writing to the Society and shall contain such information as shall be prescribed by the Trustees of the Society. Upon approval by the designated committee, such applications shall be submitted to the Trustees for action at their next regular Meeting.

No affiliated society or organization or any officer, trustee or member thereof shall have the power to act for the AOS in any manner, as agent or otherwise, nor to bind the AOS in any manner, financially or otherwise. No affiliated society or organization shall have any proprietary or other interest of any kind in the name “American Orchid Society” or in any combination of such words with other words, its rights to such being only to the use thereof at the pleasure of the AOS, and permission to use such name may be withdrawn at any time by the AOS Board of Trustees, except that an affiliated society or organization may, in addition to its name, use the wording “Affiliated with the American Orchid Society, Inc.” or “Affiliated with the American Orchid Society.”

The following information is required prior to consideration of your application for affiliated status:

**Society/Organization AOS Membership #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

Total membership of your society/organization: \_\_\_\_\_ Total AOS members: \_\_\_\_\_

Meeting Location: \_\_\_\_\_

Meeting Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Meeting Day/Time: \_\_\_\_\_ Website Address: \_\_\_\_\_

Facebook Page: \_\_\_\_\_

What is the frequency of the society members meetings/ how long has the society been holding them regularly?

Does your society intend to pursue non-profit status and, if so, how far along in the process is your society? \_\_\_\_\_

Expected date of completion (approximate): \_\_\_\_\_

**Principal Contacts:**

**Society/Organization President/CEO:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Society/Organization AOS Representative:** \_\_\_\_\_

AOS Membership #: \_\_\_\_\_ Membership Expiration Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Affiliates and their representatives may not share ID logons and passwords or share any AOS digital material beyond what is allowed as an affiliate benefit and listed on the AOS website (aos.org). To avoid affiliation being revoked if a violation occurs, please ask before sharing AOS owned digital material of you are unsure.**

Signature (must be signed by the society President):

Date: \_\_\_\_\_

Application Submitted By: \_\_\_\_\_

Print Name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_