



American Orchid Society  
Education. Conservation. Research.

## Update AOS Affiliated Society Information

Please help the AOS keep updated contact information. Update your AOS Affiliated Society information with this easy online form.

**Note:** We recommend that the AOS Representative or the President of the Affiliated Society complete this form to avoid added processing time. If an individual besides the AOS Representative or Society President completes this form, the changes will not be implemented until we receive approval from the AOS Representative or Society President currently on file.

**Society Name \***

**Society AOS Member No.**

up to 8 characters

**Expiration Date**

**Website**

http://

## Contact Information

**AOS Representative Name \***

First

Last

**Rep AOS Member No.**

up to 8 characters

**Expiration Date**

**General Society Email \***

Must be a general email for the society or a unique secondary email for the AOS Rep - Cannot be used for an existing AOS Member or belong to an individual who is not the AOS Rep. **Examples of emails allowed:** info@orchidsociety.org, president@orchidsociety.org, orchidsociety@emailprovider.com, othersocietyrepmail@emailprovider.com

**Public Society Contact Email \***

AOS Rep Email or General Society Email ONLY. This will be publicly listed on AOS Website & Printed OSD

**Phone 1**

AOS Rep Phone Number ONLY

**Phone 2**

AOS Rep Phone Number ONLY

---

## Meeting Information

For OSD/AOS Website

### Meeting Time

Please indicate AM or PM

### Meeting Days

How often (monthly, quarterly, annually, etc.) and when do you meet (3rd monday, 2nd sunday, etc.) and are there any exclusions to this frequency (don't meet during July & August, etc.)

### Meeting Location Name

Name of the location where the meeting are held (Example: Fairchild Tropical Botanic Garden)

### Meeting Location Address

Street Address

Address Line 2

City

State / Province / Region

ZIP / Postal Code

Country

---

## Society Mailing Address

For ORCHIDS Magazine, donation letters, show kits, etc.

### C/O or Attn

### Address

Street Address

Address Line 2

City

State / Province / Region

ZIP / Postal Code

Country

---

## Society President

---

### President Name

First

Last

### President Phone

### President Email

---

## Additional Society AOS Corner Contacts

---

We send the AOS Corner to each AOS Representative. If you would like your newsletter editor to receive a copy of the AOS Corner, please provide their information below.

### Newsletter Editor Name

First

Last

### Editor's Email

### Send Update \*

We recommend that the AOS Representative or the President of the Affiliated Society complete this form to avoid added processing time. If an individual besides the AOS Representative or Society President completes this form, the changes will not be implemented until we receive approval from the AOS Representative or Society President currently on file. A copy of the information submitted will be sent to the AOS Rep and Society email addresses indicated above.

By signing this form, you agree that you are authorized to submit these changes on behalf of the society.

### Submitted by \*

Name

Title

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

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