



**AMERICAN ORCHID SOCIETY**  
at Fairchild Tropical Garden  
10901 Old Cutler Road  
Miami, Florida 33156  
Phone: (305) 740-2010 Fax: (305) 740-2011

**APPLICATION FOR AOS-SANCTIONED SHOW/EVENT**

**Sponsoring Orchid Society:**

**Society AOS Membership Number:**

**Current Thru:**

Name of Show:

AOS Judging Date(s):

Time:

Location/Venue:

Address:

City:

State:

Zip:

Country:

AOS Representative Name:

Member #:

Email Address

Phone #:

**(Current Society Membership and AOS Rep Membership are required for AOS show approval)**

**Show Chair Name:**

Email Address

Phone #:

**Show Judging Chair Name** (for your show):

Names of at least four (4) other Certified Judges (required for AOS show/event approval) who have consented to serve, of which three (3) are accredited:

**Certified Judge Name:**

**Certified Judge Name:**

**Certified Judge Name:**

**Certified Judge Name:**

**Photographer's Name:** (who has consented to serve):

Email Address

Phone #:

**(Cost of award photography is the responsibility of the host society, not the exhibitor)**

**AOS SHOW FEES** (Due at least 2 months prior to the show):

Judging/Processing Fees:

\$ 50.00

AOS Show Trophy (If requested \$60.00)

Yes

No

\$

**TOTAL** enclosed with application: \$

I enclose my check or money order made payable (US funds) through a US Bank to: **American Orchid Society**

Charge my credit card:  MasterCard  Visa  American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature (required on all charge orders): \_\_\_\_\_

**Applicant's Name**

Date:

**Judging Center Chair Approval**

Date: