



# Conejo Orchid Society

## 2019 Membership Application

Returning Member

New Member

### Please Print Clearly

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Yearly membership fee (January to December) \$20

\_\_\_ Additional Members in same Household @\$10 \_\_\_

\_\_\_ Optional Badge(s) for new member(s) @\$5 \_\_\_

Total \$ \_\_\_\_\_

(Note: Please write the name(s) and email(s) of additional members on back)

Make Check payable to COS and mail to:

COS, % Alice Smith, 1322 Southwind Circle, Thousand Oaks, CA 91361

### Membership Questions?

Please contact Alice Smith (805) 777-1075

COS USE ONLY: Date received: \_\_\_\_\_

Membership No.: \_\_\_\_\_

Gmail list.: \_\_\_\_\_

Name Badge Ordered.: \_\_\_\_\_

Check No. \_\_\_\_\_

Cash \_\_\_\_\_