



Membership Form

___ New Membership

___ Renewal

___ Badge Order

Name: _____ Date: _____

Additional Family Member(s) _____

Additional Family Member(s) _____

Use back of page if necessary:

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ - _____

___ Individual Membership: \$ 25.00 _____

___ Family Membership: \$ 30.00 _____

___ Student Membership: \$ 20.00 _____

___ Name Badge* \$ 15.00 _____

TOTAL: \$ _____

Name Badge Orders: Please clearly print below how you would like your name badge/s to read: _____

Please check box(s) containing the information you would like on our club roster.

Phone number

Address

Email

Contact: Conejo Cactus and Succulent Society at: 530 W. Los Angeles Ave. Suite 115-183 Moorpark, CA. 93021, or conejocss@hotmail.com

Revised: 1-19-2023