



2025 Membership Form

_____ New Membership _____ Renewal _____ Badge Order

Name: _____

Additional Family Member: _____

Additional Family Member: _____

(use back of form to list additional family members)

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

____ Individual Membership: \$30.00 \$ _____

____ Family Membership: \$35.00 \$ _____

____ Student Membership \$25.00 \$ _____

____ Name Badge \$15.00 \$ _____

Total: \$ _____

Name Badge Orders:

Please print the name you want on your badge: _____

Please check the information you would like listed in the club roster.

_____ Email Address

_____ Phone Number

_____ Home Address

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

