

MEMBERSHIP APPLICATION/RENEWAL FORM
January through December 2019

SAN DIEGO COUNTY CYMBIDIUM SOCIETY
A Branch of the Cymbidium Society of America, Inc.

New Member: _____ Renewal: _____ Date: _____

Name (s): _____

Street Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Yes, please send my newsletters in color by email _____

Branch Dues: _____ \$10.00 (per person)

National Dues: _____ \$35.00 (per household)

National Dues includes a subscription to the Cymbidium Society of America Journal. Please pay both Branch dues and National dues to the address below and we will send your National dues on for you.

Name Badge(s): _____ \$12.00 each Clearly print name(s):

Donation: _____ Purpose of Donation: _____

Total Amount Enclosed: \$ _____

Note: Dues paid represent membership for the calendar year.

Bring dues to the next meeting or mail to: **SDCCS Membership**
1388 Darwin Dr.
Oceanside, CA 92056

Make checks payable to SDCCS