Last Name	First Name
Last Name	First Name
Address	
City, State Zip	
Phone	Email
	varifies that to the maximum extent

The signature(s) below verifies that, to the maximum extent permitted by law, I/we agree to hold harmless all parties engaged in activities relating to Central Coast Cactus and Succulent Society, including meetings, events, garden tours and activities involving transportation, and verifies I/we hold harmless all parties involved from any loss or damage to my/our person, guests, possessions or the possessions of my guests during any CCCSS-related activity.

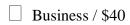
Signature(s) Name(s) printed

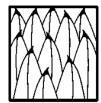
All information is for the use of CCCSS and is for purposes of communication for society news and not for solicitation of any kind.

## **Central Coast Cactus and Succulent Society**

MEMBERSHIP APPLICATION

Individual / \$20
Family / \$25





## **Make Checks Payable To**

## **CCCSS**

c/o Laura Oliver 1585 Saratoga Ave Grover Beach, CA 93433

Or submit dues during any meeting.

**Enter Names of Additional Family Members Below**