Last Name	First Name	
I M	E' and N. and	
Last Name	First Name	
Address		
City, State Zip		
Phone	Email	

I/We agree to hold harmless all parties engaged in activities relating to the Central Coast Cactus and Succulent Society.

I understand that all memberships expire in June, regardless of when I/we join the Central Coast Cactus and Succulent Society.

Signature(s) Name(s) printed

All information is for the use of CCCSS and is for purposes of communication of society news, including our monthly emailed member newsletter.

Membership includes:

On The Dry Side - our monthly emailed newsletter

Free admission to our exclusive Garden Socials

News information about other related horticultural events

Free access to our members only horticultural lending library

Central Coast Cactus and Succulent Society

MEMBERSHIP APPLICATION

Individual / \$20 Family / \$25 Business / \$40



Make Checks Payable To

Central Coast Cactus & Succulent Society
P.O. Box 1607
Pismo Beach, CA 93448

Or submit dues during any meeting.

Enter Names of Additional Family Members Below