Conejo Orchid Society

2027 First Time New Member Only Application
Note: Information submitted on this form will be used ONLY for office COS business and will not be shared.

Please Print Clearly

Last Name_____ **First Name**_____

Street_____

City_____ **State**_____ **Zip**_____

Phone (_____) _____-_____

Email _____

Membership Fee	**$20_____**
Additional members in same household	**$10_____**
Optional Badge(s) (Badge $10 each)	**$10_____**
TOTAL	**$_____**

Note: Please write the Name(s) and email(s) of additional members on back

Make check payable to COS and mail to:
COS, c/o Julie Vargo, 44133 Village 44, Camarillo, CA 93012

Membership Questions?
Please contact Julie Vargo (805) 210-0885 or email: julievargo89@gmail.com

COS use only: Date received: _____ **Check No.** _____

Gmail List: _____ **Cash** _____

Name badge ordered: _____

Additional Members in Same Household

Name and email of each additional member

1. **Name** _____

   Email _____

2. **Name** _____

   Email _____

3. **Name** _____

   Email _____

4. **Name** _____

   Email _____

5. **Name** _____

   Email _____

6. **Name** _____

   Email _____