



Conejo Orchid Society

2026 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 Petra Myers, 2965 Potter Ave., Thousand Oaks, CA 91360

Membership Questions?

Please contact Petra Myers (805) 338-4116 or email
petramyers@yahoo.com

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

Gmail List: _____ Cash _____

Name badge ordered: _____