

Central Coast Cactus and Succulent Society

MEMBERSHIP APPLICATION

Last Name	First Name
Last Name	First Name
Address	
City, State Zip	
Phone	Email

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



Make Checks Payable To

CCCSS

c/o Barbara H. Brooks

441 Marsh Street

San Luis Obispo, CA 93401

Or submit dues during any meeting.

Enter Names of Additional Family Members Below

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.