

COACHELLA VALLEY PLUMERIA SOCIETY

Membership Form

1. Please check one:

_____ New member

_____ Please **renew** my membership with the **information** below.

2. Type of Membership: _____ Single \$35 _____ Couple (same household) \$50

3. Contact Information: (PLEASE PRINT)

Name #1: _____

Name #2: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone #1: _____ Phone #2: _____

Email #1: _____ Email #2: _____

Date: _____ Signature: _____

This form & check payable to CVPS may be sent to:

CVPS - C/O David Hamilton, 68285 Rodeo Road, Cathedral City, CA 92234

Zelle Payments may be sent to: 760-333-2766

For official use only:

Cash/Zelle/ Check# _____ Amount \$ _____

Date rec'd: _____ Rec'd by: _____

Revised 1-12-2026