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 $30 _____Couple (same household) $45

3. Contact Information: (PLEASE PRINT)

Name: _____

Spouse: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Email: _____

4. Please check your request:
   _____ YES, I am on Facebook. Add me to the CVPS Facebook group.
   _____ No, I do not want to be a part of the CVPS Facebook group.

Date: _____ Signature: _____

This form & check <u>payable to CVPS</u> 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 2025